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2011-2016 HEALTH PROGRAM

ANNUAL REPORT OF THE HEALTH SYSTEM STRENGTHENING COMPONENT: OCTOBER 2014 – SEPTEMBER 2015

November 2015

This report is a deliverable under contract # AID-685-A-11-00002, Health System Strengthening Component (HSS) of the USAID/Senegal Health Program, 2011-2016

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CONTENTS

ABBREVIATIONS AND ACRONYMS

ACA	Association Conseil pour l'Action
AIDS	Acquired Immuno-Deficiency Syndrome
ARD	*Agence Régionale de Développement* / Regional Development Agency
AWP	Annual Work Plan
CTB	Belgian Technical Cooperation
CACMU	*Cellule d'Appui à la Couverture Maladie Universelle* / Support bureau for Universal Health Coverage
CBO	Community-Based Organization
CDD	*Comité Départemental de Développement* / Departmental Committee for Development
CDS	*Comité départemental de suivi* / Departmental Monitoring Committee
CONSAS	National consultations on healthcare and social action
COP	Chief of Party
CRDH	Centre de Recherche pour le Développement Humain
CRS	*Comité régional de suivi* / Regional monitoring committee
CTGP	*Comité Technique de Gestion du Projet* / Project Management Technical Committee
DAGE	Department of General Administration and Equipment
DF	Direct financing
FG	Guarantee Fund
DHMT	District Health Management Team
DLSI	*Division de la Lutte contre le SIDA* / AIDS Control Division
DMO	Chief District Medical Officer
DPPD	*Document de Programmation Pluriannuelle des Dépenses* / Multi-year Expenditure Programming Document
DPRS	Department of Planning, Research and Statistics
DSRSE	*Direction de la Santé de Reproduction et de la Santé de l'Enfant* / Department of Reproductive Health and Child Health
EIPS	*Equipe d'Initiative de Politiques de Santé* / Health Policy Initiatives Group
FHI	Family Health International
FNSS	*Fonds National de la Solidarité dans la Santé* / National Solidarity Fund for Healthcare
FY	Fiscal Year
HSS	Health System Strengthening Component
ICP	*Infirmier Chef de Poste* / Chief nursing officer at health post
ISSA	Innovations et Systèmes de Santé en Afrique
JPR	Joint Portfolio Review
JVM	Joint Verification Mission
MEF	Ministry of Economy and Finance
MHO	Mutual Health Organization
MIS	Management Information System
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health and Social Action
MTEF	Medium Term Expenditure Framework
NGO	Non-Governmental Organization
ONAMS	*Office national de la mutualité sociale* / National agency for social insurance
ORCAP	*Outil de Renforcement des Capacités par l'Auto-évaluation Participatives* / Capacity development tool through self-assessment

PBF	Performance-based financing
PLWHA	Person Living With HIV/AIDS
PNA	*Pharmacie Nationale d'Approvisionnement* / National medical store
PNDS	*Programme National de Développement Sanitaire* / National Health Development Program
PNFBR	*Programme National du Financement Basé sur les Résultats* / National Program on Performance-Based Financing
RH	Reproductive Health
RHMT	Regional Health Management Team
RMO	Chief Regional Medical Officer
SDP	Service Delivery Point
SRAS	*Service régional de l'Action Sociale* / Regional bureau for social action
TFP	Technical and Financial Partner
UEMOA	*Union Economique et Monétaire Ouest Africaine* / West African Economic and Monetary Union
USAID	United States Agency for International Development
WHO	World Health Organization

1 PROJECT OVERVIEW

1.1 SUMMARY

Component name:	Health System Strengthening (HSS)
Project start date and end date:	October 1, 2011 – September 30, 2016
Name of Implementing Partner:	Abt Associates Inc.
Cooperative Agreement number:	AID-685-A-11-00002
Name of AOR:	Babacar Lo
Name of Subcontractors or Consortium members:	Groupe Innovations et Systèmes de Santé en Afrique (Group ISSA) – Association Conseil pour l'Action (ACA) – Centre de Recherche pour le Développement Humain (CRDH) – Family Health International (FHI360) – PATH – Broad Branch Associates
Geographic coverage (per region)	Kolda - Sédhiou - Ziguinchor -Louga - Thiès - Diourbel - Kaolack - Kaffrine - Fatick - Dakar (Departments of Pikine and Rufisque only)
Reporting period:	October 2014-September 2015

1.2 PROJECT DESCRIPTION/INTRODUCTION

The Health System Strengthening (HSS) Component is one of five assistance instruments of USAID/Senegal's 2011-2016 Health Program. The development objective of the Program is an "improved health status of the Senegalese population" and is to be reached through three intermediate results (IR): "Increased use of an integrated package of quality health services" (IR 1); "Improved health seeking and healthy behaviors" (IR 2); and "Improved performance of the health system" (IR 3). The Health System Strengthening Component contributes to achieving these intermediate results in collaboration with four other components of the USAID/Senegal Health Program: (i) health services improvement, (ii) HIV/AIDS and Tuberculosis, (iii) community health, and (iv) health communication and promotion.

The main objective of the HSS Component is to improve the performance of the decentralized (regional and district levels) public health system supported by effective and efficient policies, planning and budgeting at the central level of the Ministry of Health. The HSS Component will contribute specifically to the realization of Intermediate Result 3 through "an improved management of district and regional health teams" (IR 3.1) and an "improved health system performance through development and implementation of national level policies" (IR 3.2).

The HSS Component is divided into four sub-components focusing on key areas for improving health system performance. The "Management and health systems at regional and district levels" sub-component will contribute to improving the effectiveness and quality of healthcare service delivery through improved health governance at the local level, enhanced capacities of regional and health district management teams, and motivation of staff working at health huts, posts and centers to extend the reach of priority healthcare services supported by performance-based financing (PBF) mechanisms. The "Social financing mechanisms" sub-component focuses on increasing access to healthcare for populations in general and vulnerable groups in particular, by reducing financial barriers to healthcare and extending health coverage with the support of

mutual health insurance schemes and government authorities. Finally, sustainable improvements in health system performance are ensured with the creation of an enabling environment to support policy development, enhanced resource allocation for the sector, synergy and alignment of interventions with PNDS 2009-2018 priorities through the sub-components "Policies and reforms" and "Coordination of the Health Program".

The Component intervenes at different levels of the health system. The sub-component "Policies and reforms" focuses on policy dialogue at the central level. The sub-components "Management and health systems at the regional and district levels" and "Social financing mechanisms" intervene at the central, technical and operational levels and activities are conducted in the regions of Dakar (Departments of Pikine and Rufisque only), Diourbel, Fatick, Kaffrine, Kaolack, Kolda, Louga, Sédhiou, Thiès and Ziguinchor. The sub-component "Coordination" intervenes at the level of the USAID Health Program.

USAID/Senegal signed a cooperative agreement with Abt Associates to serve as implementing agency of the HSS Component. Abt Associates put up a multi-disciplinary team of Senegalese experts, Senegalese organizations and international sub-contractors with longstanding and valuable experience to implement the HSS Component. In addition to Abt Associates, the HSS team comprises Groupe Innovations et Systèmes de Santé en Afrique (Group ISSA), Association Conseil pour l'Action (ACA), Centre de Recherche pour le Développement Humain (CRDH), Family Health International (FHI), PATH and Broad Branch Associates.

The annual action plan for Year 4 (October 2014 to September 2015) of the H2S Component was prepared taking into account changes in the sector and progress made during first three years of the Component. Political authorities have included governance and universal health coverage among priority issues on their political agenda. Implementation of the UHC strategic plan commenced with the allocation of partial or targeted subsidies to MHOs. The Performance-Based Financing (PBF) initiative has been extended to seven health districts in two regions, including public health facilities, and the World Bank's health financing and nutrition project established to extend PBF to four other regions. Strategic development plans of the national medical store and the community health unit were prepared. Family planning advocacy work was decentralized to the regional level. Finally, USAID/Senegal remained committed to implementing a package of reforms relating to the way it does business, including the implementation of the direct financing mechanism in six regions. Management of the direct financing mechanism was entrusted to the Component following lessons learned during the second year of testing.

The 2014-2015 action plan also took into consideration the following priorities identified by the USAID Health team:

- Support for implementation of universal health coverage in general, and coordination and implementation in particular;
- Implementation of Performance-Based Financing (PBF) activities and coordination with the World Bank program;
- Supply chain management assistance (and MOU DSRSE/PNA);
- Proven results/impact in family planning, maternal health and child health interventions (advocacy);
- Implementation of direct financing activities;
- Coordination of activities of regional bureaus and integrated work plans;
- Support for reforms at the central level (legal framework and reorganization of the MOH);
- Increased commitment to UHC (federations, steering committee)

The annual report is divided into seven (7) sections. The first section provides an overview of the HSS Component. The second section presents a summary of key results and challenges of Year 4. The third section summarizes accomplishments of Year 4 per sub-component. Section four discusses how cross-cutting issues are addressed during implementation of interventions. Section five recaps lessons learned in Year 4. Section six identifies orientations and priorities for Year 5 of the Program. The seventh section summarizes the financial implementation of the Component. The annual report is supplemented by two

attachments: Attachment 1 presents the PMP indicators of the Component and Attachment 2 summarizes the Component's financial report.

2 EXECUTIVE SUMMARY

- **Key results**

Key results achieved by the Component during Year 4 contributing to the attainment of the USAID Health Program's intermediate results are summarized below: "Improved management of district and regional health teams" (Intermediate Result 3.1); "Improved health system performance through development and implementation of national level policies" (Intermediate Result 3.2).

Intermediate Result 3.1 (IR3.1): Improved management of district and regional health teams.

The HSS Component made progress towards reaching IR3.1 of USAID/Senegal's results framework as reflected in accomplishments made during Year 4 to enhance health system governance at the local level, strengthen capacities in planning, management and monitoring of health interventions, and implement new direct financing and performance-based financing instruments to improve performances of health service managers and health workers at health centers and health posts.

Health governance. The Component provided support to the Kaffrine, Kaolack and Thiès regions to organize meetings of their health sector stakeholder forums in order to help improve health governance by actors who fully play their roles at the regional and health district levels. The Component also assisted in the presentation of good health governance indicators at coordination meetings of health districts and joint annual meetings at the regional level. Finally, the Component provided support for the organization of orientation sessions on good health governance for newly elected officials in communes within the District of Kaolack and the Department of Nioro, and for health committees in the District of Thionck-Essyl.

Capacities in planning, management and monitoring. Several accomplishments were made during Year 4 as part of efforts to strengthen capacities of medical regions and health districts in planning, management and monitoring of healthcare interventions. The Component provided support for the evaluation of ORCAP plans of six out of eight medical regions and two out of three health districts. It supported the organization of workshops at the health district level, regional workshops to monitor 2014 and 2015 AWPs on a quarterly basis, the regional JPRs of Louga, Thiès, Dakar, Kaffrine, Kaolack and Matam (technical support), quarterly coordination meetings of medical regions and the supervision of health districts and EPS by medical regions. The Component provided support for the preparation of 2016 health POCLs of local government units, and 2016 AWPs of health districts and medical regions. It supported the completion and validation of the 2013 annual financial report of the Kaolack region and production of quarterly financial reports of the Ziguinchor and Sédhiou regions. Lastly, it contributed to the development of the administrative management guide and the finalization of the training module on financial management and accounting procedures for RMO/DMOs and managers.

Direct financing. Direct financing activities continued to be supported during Year 4 to help adapt the way USAID delivers assistance, consolidate their alignment with PNDS priorities and enhance ownership of local stakeholders as well as the decentralization of healthcare services. Further efforts were made during Year 4 to enhance the management and monitoring of direct financing activities. The Component provided support for the organization of meetings to validate DF milestones for the 2nd and 3rd quarters of 2014 and to close-out 2014 implementation letters. It also produced the 2014 direct financing report and statements of the 6 beneficiary regions. It organized a workshop to identify 2015 DF milestones for seven (07) regions and five (05) MOH central services with the participation of the DF technical secretariat. 2015 DF implementation letters were signed in January, thereby guaranteeing an optimal implementation of DF activities during Year 4. Meetings of regional committees in charge of validating milestones were organized and direct financing payments made in a timely manner this year. Payments made by the Component to regions in relation to 2015 DF activities reached 89.93% of the overall annual budget as at September 30, 2015. Furthermore, the

Component organized a workshop to harmonize DF monitoring tools with stakeholders. The DF procedures manual was hence updated based on experiences shared and incorporated into the PNDS management procedures handbook. Lastly, evaluation of the direct financing mechanism is underway and the results are expected in January 2016.

Performance-based financing. The performance-based financing initiative was launched to enhance the quality and coverage of high impact maternal health, child health and disease control activities through motivation of staff at health centers, health posts and health huts. Implementation of the performance-based financing (PBF) initiative in Year 4 was marked by the transitioning from the pilot phase covering the two regions of Kaffrine and Kolda with the financial support of USAID, to its extension in four new regions (Kédougou, Tambacounda, Sédhiou and Ziguinchor) with the financial support of the World Bank and USAID. The Component provided the national PBF program (PNFBR) with support for regional management committees (CRG) to reconcile and validate 2014 performance data of health facilities in the Kaffrine and Kolda regions. It also provided support for the organization of a workshop to develop PBF communication tools. It finalized the production of the evaluation report on the PBF process. The Component provided support for the redesigning of new indicators and the organization of refresher training sessions on how to utilize the PBF website. It supported the organization of a meeting in preparation of the third national PBF review, the first PBF regional reviews in Kaffrine and Kolda, and the third PBF national review.

The Component contributed to the establishment of the World Bank's Health and Nutrition Financing Project (PFSN) through validation of the consolidated action plan, review of the administrative and accounting procedures manual, and launch of the PBF baseline survey for the PFSN project. The Component provided assistance during PBF training workshops, monitored the signing of performance contracts in the nine districts and three hospitals within the regions newly enrolled in 2015: a total of four hundred and seventy-seven (477) people including two hundred and five (205) women attended the training on PBF in the four newly enrolled regions. Due to the delay in setting up the contract of the independent verification agency, the Component supervised the verification of PBF data covering the first two quarters of 2015 in the Kaffrine and Kolda regions. The Component provided vital support for the effective start of PBF extension within the context of the World Bank's FSN project. In summary, all beneficiaries in the six PBF regions signed their performance contracts, i.e. a total of 295 beneficiaries including 253 health posts and a total budget of 1,291,446,155 CFA francs: beneficiaries in the Kolda and Kaffrine regions signed annual contracts whereas those in newly enrolled regions commenced with semi-annual contracts from July to December 2015.

Intermediate Result 3.2 (IR 3.2): Improved health system performance through development and implementation of national level policies.

The HSS Component progressed towards achieving IR 3.2 of USAID/Senegal's results framework through accomplishments made in the following three sub-components: (i) Social financing mechanisms, (ii) health policies and reforms, and (iii) coordination of the USAID/Senegal Health Program.

Social financing mechanisms. The HSS Component continued its support at the strategic level to improve access to healthcare services and financial protection of populations, at the technical level to foster policy dialogue and strengthen the capacities of stakeholders, and at the operational level to operationalize MHO networks and ensure coverage for poor and vulnerable groups. The Component continues to provide assistance to the MOH for the establishment of a regulatory and institutional support framework for UHC. A significant step was made in Senegal with the creation of the Universal Health Coverage Agency (ACMU) whose mission is to ensure implementation of the UHC national development strategy: decree 2015-21 establishing the ACMU as well as the rules governing its organization and functioning was adopted at the Cabinet meeting of January 7, 2015. The Component assisted the ACMU in the preparation and organization of a workshop to develop a draft organizational chart and a budgeted action plan. Lastly, the Component provided support for the official launch of the initiative to provide healthcare coverage to recipients of family welfare grants through MHOs within the context of UHC.

The ACMU is functional as evidenced by the effective recruitment of agency directors at the central level and the volume of transactions it has initiated since its creation. Indeed, the UHC Agency cleared debts owing to health facilities under the free healthcare initiative for children under 5 years which amounted to **2,127,416,720 CFA francs** and paid invoices for child births and caesarean deliveries in the amount of **607,905,000 CFA francs**. Settlement of this debt was extremely important because the situation had commenced to affect the proper implementation of UHC, particularly with regard to free healthcare for children under five, as a result of stock-outs at health facilities.

At the technical level, the Component provided support for the finalization and technical validation of the administrative, financial and accounting procedures manual for UHC free healthcare initiatives. Further, the Component provided support to train 514 MHO administrators and managers in administrative and financial management. In collaboration with the USAID Health Program's PSSC Component and the MOH, the Component provided assistance to organize 16 training sessions on UHC for 370 employees of NGOs that are part of the PSSC consortium to ensure stronger involvement of community-based stakeholders (NGOs, CBOs, ASC, relay workers, Badjenou Gokh) in raising awareness on the UHC program. Thus in Year 4, NGO employees supervised training on UHC for 8,561 community-based stakeholders in 61 health districts including 6,143 women and 2,382 men.

At the operational level, the Component, through the regional bureaus, continued its support for the implementation of the DECAM initiative by providing MHOs with assistance to strengthen their management capacities, conduct awareness-raising campaigns, collect premium payments, organize meetings of MHOs and MHO federations, and monitor contracts with providers. Special attention was placed on the establishment and organization of departmental MHO federations which will be called upon to play a key intermediary role between MHOs on the one hand, and the State, departmental councils, hospitals and other UHC stakeholders on the other. The Component also provided the ACMU with technical assistance for the organization of CDD meetings to launch the DECAM initiative in all departments in Senegal and support the scaling up of this initiative.

The Component continued its support for the implementation of the CMV+ strategy (formerly PLWHA) in the Kaolack, Kolda and Ziguinchor regions and the extension of this strategy to the Sédhiou region in collaboration with FHI360. The Component also provided support during Year 4 to other local initiatives in focus regions providing healthcare coverage to poor people and vulnerable groups sponsored by philanthropists. It also monitored the start of the initiative providing healthcare coverage for family welfare grant recipients through MHOs.

Implementation of these various initiatives, with the financial support of the Government, contributes to increasing access to essential healthcare services for the most vulnerable populations. In addition to beneficiaries of free healthcare initiatives for under-fives, child births, caesarean deliveries, and elderly persons over 60 years, 566,551 people were enrolled in community-based MHOs receiving support from the Component as at the end of September 2015. Among these, 150,210 are poor and vulnerable persons including 132,354 family welfare grant recipients whose premiums are paid in full by the Government.

Policies and reforms. The HSS Component contributes to strengthening capacities of central MOH services in developing and implementing health reform policies. The Component provided the General Directorate of Health (DGS) with support to prepare its annual work plan and develop a procedures manual for management of the roving midwives project financed by the Bill & Melinda Gates Foundation. It also helped the Community Health Unit prepare its draft 2016 AWP and organize reviews of 2014/2015 SANTECOM regional action plans. Also, the Component assisted SNEIPS in the organization of a team-building workshop attended by all SNEIPS, BREIPS and district EIPS employees, and in the revision of its national strategic plan for health promotion. It provided the National Malaria Control Program (PNLP) with assistance to draft the organizational audit report, advocate for the implementation of audit recommendations including the signing of a ministerial order on the restructuring of this Program, and amend the PNLP's 2016-2018 strategic plan.

Regarding family planning (FP) repositioning, the Component, ADEMAS and APC (FHI360) developed a plan to build synergy between their interventions and distribute tasks based on the comparative advantages of each component. The Component provided regions with support to organize special CRD meetings on FP and prepare their advocacy action plans. The Component's strategy consisting of organizing CRD meetings for a greater involvement of all stakeholders at the local level, served as a model for ADEMAS in the Saint Louis, Matam, Tambacounda and Kédougou regions which are not covered by the Component. ADEMAS and Abt hence jointly organized in May 2015 a CRD meeting on FP in Saint Louis. With the exception of Dakar, all of the Component's focus regions (i.e. 9 out of 10 regions) developed their advocacy action plans following a participatory and inclusive process led by the territorial administration: six (6) of these plans are currently being implemented in Ziguinchor, Sédhiou, Kolda, Kaolack, Fatick and Kaffrine.

The Component continued its support to increase the availability of essential medicines by helping to prepare and organize a roundtable meeting on the financing of the PNA's strategic plan. The Component extended its support to include the Department of Pharmacy and Medicines (DPM) and assisted the latter in finalizing the register on therapeutic equivalences covering the 17 classes of prescription drugs. At the request of USAID, the Component is also providing assistance to the PNA, DPM and LNCM in developing and implementing an integrated plan to strengthen the essential drugs and products supply chain through the use of Ebola funds in particular, to finance activities relating to institutional capacity-building, distribution and storage.

The Component continued its assistance to DAGE and DPRS for enhanced monitoring of PNDS implementation and resource allocation in the health sector. It pursued its support for the production of DPPD performance reports, definition of budget allocation criteria, revision of MOH planning tools, production of quarterly reports on financial execution and the DAGE annual report. The Component also financed two workshops on the revision of the health map.

Coordination. Coordination of interventions of the USAID Health Program was enhanced at the central level with the development of the third integrated action plan (PAI 2015), the convening of inter-agency meetings on a regular basis, and the development of synergy action plans between agencies covering strategic areas of common interest. The Component also participated in preparations for the meeting between USAID and the General Directorate of Health as well as the Health Program's Steering Committee meeting. At the regional level, the Health Program's regional bureaus organized their weekly coordination and monitoring meetings, quarterly coordination meetings with medical regions in their respective intervention zones, and participated in coordination meetings of medical regions and health districts.

The Component held its monthly coordination meetings. It prepared the annual report for Year 3 and all quarterly reports for Year 4. About ten bi-weekly updates were produced in Year 4. As in previous years, the Component organized its annual planning workshop for Year 5 with the active participation of representatives of key MOH central services: the Component's action plan for Year 5 was finalized following review and feedback from USAID. Lastly, seven success stories on UHC, DF and PBF were communicated to USAID by the Component in December 2014.

- **Key Challenges**

Several challenges relating to new reform initiatives were faced in Year 4 during implementation of the HSS Component. Some of these challenges have already begun to be addressed. However, efforts must be pursued in order to effectively address these challenges in the coming year.

The constant monitoring of good governance indicators contributed to ensuring greater compliance with profit margins on prescription drugs, public display of the cost of healthcare services and renewal of members of health committee organs. Also, the computerization of the patient circuit management system in health centers in the Thiès region with the support of the direct financing mechanism, contributed to securing financial resources and boosting revenue. Several challenges however remain in terms of

strengthening the management capacities of medical regions and health districts. Challenges to consolidate achievements made in the area of administrative and financial management relate to the need for qualified staff at medical regions and health districts and the harmonization of management tools utilized to facilitate information gathering, reporting and financial analyses. The key challenge faced by the direct financing mechanism is documenting the experiences of beneficiary regions. The evaluation of the mechanism launched by the Component will contribute to addressing this challenge. Lastly, the challenge in terms of performance-based financing relates to the delay in the transmission of quarterly performance reports and payment requests. The PFSN is currently recruiting regional advisors to enhance implementation and hence clear backlogs.

Regarding social financing mechanisms, the key challenge is the extension of UHC to the informal and rural sectors in a context where basic instruments for delivery are being developed and the capacities of stakeholders have to be strengthened. In the light of this challenge, three priorities should be targeted in Year 5. Firstly, the Component will increase assistance to ACMU to ensure commencement of its activities, adoption of the UHC law, mobilization and management of government funds earmarked for MHOs and free healthcare initiatives, and organization of consultation frameworks on UHC. Secondly, the Component will continue to provide technical support, at the operational level, to MHOs and departmental MHO federations in focus departments and for the establishment of the DECAM approach in departments where MHOs have already received government subsidies. Lastly, the Component will provide assistance for the enrolment of the second wave of family welfare grant recipients in MHOs.

The key challenge in the area of policies and reforms for FY 2016 is the entry into effect of the DPPD in January 2017 which requires adapting the planning cycle, the DPPD structure and MOH planning tools. The other two challenges relate to the need for the MOH to define resource allocation criteria in order to enhance the effectiveness of healthcare spending and adopt long-term solutions to stock-outs of essential medicines and products. Consequently, three priority areas are identified for FY 2016: (i) preparation and entry into effect of the DPPD in January 2017; (ii) strengthening of the essential medicines and products supply chain; and (iii) support to new policy initiatives, particularly the definition of resource allocation criteria - the MOH's aim is to develop a budget based on objective criteria in 2017. The DPPD planning tools and cycle will be revised. The Component will provide technical and financial support to the departments in charge of coordinating and monitoring this process, particularly the DPRS and DAGE. Assistance to DPRS will be continued for the production of the 2015 DPPD performance report and the development of the 2017-2019 preliminary DPPD. As part of efforts to strengthen the prescription drug supply chain, the Component will continue its assistance to PNA for the implementation of its 2014-2018 strategic plan. It will also provide the DPM with support to develop and implement a policy on medicines and pharmaceuticals.

Finally, updating of the database remains a challenge because data input is still conducted at the central level. Ways and means will be considered to ensure the availability and use of real-time data for project close-out.

3 ACHIEVEMENTS OF THE YEAR

3.1 Achievements of sub-component A

3.1.1 Key results

- **GOVERNANCE AND LEADERSHIP**

During Year 4, the three regional bureaus of the HSS Component provided support for presentation of good governance indicators for 2014 during coordination meetings of health districts and medical regions in intervention zones covered by the Component. Collection of data on good governance indicators for 2015 commenced during the fourth quarter in the medical regions of Louga and Dakar.

With regard to the milestone "*Consultation forums (Health-TFPs-Local governments and other health sector stakeholders) are functional in ten (10) regions*", of the eight (8) platforms established in Year 2, only those in the Kaffrine, Kaolack and Thiès regions held at least one quarterly meeting. Regular meetings of this forum in the Kaffrine region facilitated discussions on key issues such as UHC implementation and the involvement of locally-elected officials and health committees in the development of health-related POCLs. During the planning workshop organized in May 2015 by the Component, the functioning of consultation forums was discussed and an assessment is planned in collaboration with DPRS/MOH and administrative authorities.

Assistance also focused on strengthening the capacities of locally-elected officials on their roles and responsibilities in the health sector as well as the training of health committee members on the organization of the health system and the concept of good governance.

- **CAPACITIES OF MEDICAL REGIONS AND HEALTH DISTRICTS IN PLANNING, MANAGEMENT AND MONITORING**

ORCAP implementation. Evaluation of 2014 ORCAP plans of 8 medical regions (all intervention regions except Kolda and Louga) and 2 health districts (Nioro and Thiès) were completed and a specific yearly report prepared. The evaluation report of ORCAP plans of medical regions and health districts shows a better performance of districts with a completion rate of 79% against 58% in comparison to medical regions.

A global analysis of each implementation level (intermediary and operational) was conducted and the best performing regions are Thiès and Kaffrine, which achieved completion rates of 67 and 68 per cent respectively. The regions of Dakar and Fatick record the lowest completion rates (25 and 36 per cent respectively) with the volume of outstanding activities reaching 45%. Analysis of the general management index (IMG) shows an average progression from 49% to 58% achieved following the evaluation with management teams. The Kaffrine and Thiès regions obtained a better IMG progression rate (53 to 68% for the Kaffrine medical region and 42 to 67% for the Thiès medical region). The IMG rates of the Fatick and Dakar regions were the only ones to decline from 53 to 36% and 47 to 25% respectively. The general management index of districts increased from 68 to 79%.

Development of 2016 ORCAP plans has commenced to ensure compliance with DPPD requirements for AWPs of medical regions to be submitted to the MOH by June. Of the three new health districts, an orientation session was only organized for the health district of Médina Yéro Foula to develop its ORCAP plan.

Support for the development of 2016 POCLs. During the year under review, the Component provided support to develop 2016 health POCLs of local governments within its intervention zone with the exception of the health districts of Kolda, Dioffior, Pikine and Rufisque (not including the communes of

Kolda, Keur Massar and Diamniadio) and the region of Louga. All local governments in regions participating in the direct financing initiative, aside from the health district of Kolda, developed their 2016 health POCLs. During these workshops, participants were informed of their roles and responsibilities. The Component then provided districts with support to present, consolidate, finalize and validate the POCLs.

Development of AWPs in medical regions and health districts. During this year, the Component provided all health districts in its intervention zone with support to develop their 2016 AWPs. Medical regions also received support to consolidate their AWPs integrating those of districts, regional services and EPS. These activities facilitated discussions on the objectives of MOH priority programs, understanding and utilization of the AWP template updated by the DPRS with output indicators, the setting of operational objectives and targets for 2016, presentation of activities of the different CAs of the USAID Health Program for 2016, and integration of health POCLs developed by local government units.

Support to monitor AWPs of medical regions and health districts. Medical regions and health districts received assistance from regional bureaus to monitor third and fourth quarter activities of their 2014 AWPs as well as the first two quarters of 2015 AWPs. Performances in implementing AWPs were discussed during these workshops on the basis of output indicators, the implementation level of AWP activities assessed, implemented activities that were not included in AWPs presented, constraints identified and upcoming activities planned. These monitoring workshops were attended by local government units, regional federations of MHOs, health committees, RHMT/DHMTs, EPS as well as various partners.

Annual joint reviews and coordination meetings at the regional level. The Component provided support for the organization of regional JPRs in its intervention zone to share 2014 AWP implementation results. Regional indicator levels for 2014 were presented with a focus on key indicators of on-going DPPD programs. Difficulties and constraints were also identified during these JPRs and recommendations adopted. In Louga, the organization of a meeting of the consultation forum was particularly recommended to discuss the issue of information withholding, the mobilization of decentralization funds, and to commence the DECAM extension phase in the departments of Kébémer and Linguère. The health situation in terms of human resources, infrastructure, equipment and the status of indicators was discussed during JPRs held in the Kaffrine, Kaolack and Matam regions.

The Component provided support for the organization of quarterly coordination meetings of medical regions. Implementation of priority programs was assessed during these meetings. Information on how to effectively prepare for monitoring activities with the revised guide was also shared. Recommendations included ensuring the timely transmission of the schedule of activities planned for the quarter to responsibility centers, integrating IEC/BCC activities into the DHIS2 platform along with the collection, processing and analysis of community-based data, monitoring and evaluating planned activities, advocating for the availability of tracer drugs at the PRA, involving social action services in coordination bodies at the district level, taking the necessary steps for the development of 2016 health POCLs, and setting up functional management committees. The Component also participated in coordination meetings of several health districts in its intervention zone.

Support for the supervision of health districts by RHMTs. During Year 4, medical regions in the HSS Component's intervention zone received financial and technical support from regional bureaus for the organization of supervision missions to districts. This activity made it possible to assess the performance levels of districts in UHC implementation, malaria-related activities, verification of data collection and reporting tools, the record-keeping system, etc.

The HSS Component, through ACA, continued its support during Year 4 under the line of action "**Four refresher training courses on administrative and financial management for RHMTs and DHMTs**". The management of medical regions and health districts continued to be monitored to ensure that financial management and stock accounting systems are effective and comply with prevailing rules and procedures, and that financial transactions are recorded on the relevant documents. The management advisers at the three regional bureau hence provided assistance during the year to stock accounting officers

of medical regions to update their inventory lists and gain a deeper understanding of texts governing stock accounting as well as the responsibilities of a stock accounting officer. This support also enabled managers of health districts to conduct an inventory of all products in each unit within their health centers.

These management advisers developed the training guide on the administrative management of medical regions and health districts. The trainer's guide includes "facilitator plans", practical assignments and corrected exercises, definitions of concepts, etc. It will be validated during the first quarter of Year 5 prior to its utilization. The training module for RHMTs, DHMTs and managers on the software (EXCEL) for accounting and financial management of medical regions and health districts was completed. The template was presented, assignments and corrected exercises shared and the next steps identified. It is also worthwhile to note the significant work conducted in connection with the direct financing mechanism through verification of transactions of partners and the special focus on funds received and expenditures made.

Delivery of annual financial reports of medical regions and health districts in the ten (10) regions. Managers of medical regions and health districts received support to prepare their quarterly financial reports relating to the implementation of various activities. Assistance was provided in the Kolda, Sédhiou, Ziguinchor, Kaolack, Fatick and Kaffrine regions to monitor the financial management of 2015 AWPs and hence facilitate production of annual financial reports. Regarding direct financing, quarterly financial reports prepared are considered as deliverables and submitted for review at CRV meetings. For the medical regions of Kaolack, Fatick and Kaffrine, additional information was obtained, which enabled the preparation of the draft of the 2014 annual reports.

- **IMPLEMENTATION OF DIRECT FINANCING**

After two (2) years of DF implementation – from 2013 in 3 regions (Kaolack, Thiès and Kolda) and from 2014 in 3 other regions (Diourbel, Sédhiou and Ziguinchor) – an analysis of the process helped identify constraints which made it possible to revise contracts and hence reinforce the direct financing mechanism. USAID has reaffirmed its willingness to pursue this initiative and made the HSS Component responsible for the management of the mechanism. Thus, 2015 implementation letters will be financed through Abt Associates, which has received additional funds to cover Direct Financing requirements up to the end of the bilateral program.
Nonetheless, planning and monitoring of direct financing activities will be conducted in a participatory manner with other implementing agencies of USAID's Health Program (FH360, IntraHealth, ChildFund and Ademas) and all stakeholders at the Ministry of Health and Social Action.

Identification of 2015 milestones. In November 2014, the Component organized a workshop to identify milestones and deliverables of DF 2015 implementation letters and support implementation of annual work plans of 6 regions (Diourbel, Kaffrine, Kaolack, Kolda, Sédhiou, Thiès and Ziguinchor) as well as the Fixed Amount Reimbursement Agreements (FARA) of the Kaffrine region and of 5 central services (DSRSE, PNLP, LNCM, DSISS and DLM).

Eligible activities, which had already been identified by medical regions in the action plans, facilitated the identification of milestones while ensuring their alignment with AWP outputs and with milestones of the USAID Health Program's 2015 integrated action plan (PAI). Deliverables and acceptance criteria of each milestone as well as quarterly payment levels were also determined. Following presentations by the 7 medical regions and 5 central services, recommendations were made for further harmonization of the presentation format and greater consistency taking into consideration the specificities and priorities of each responsibility center.

The Ministry of Health and Social Action took the opportunity offered by the workshop to organize a meeting of the Direct Financing Steering Committee's Technical Secretariat. The meeting was attended by the USAID team represented by Ms. Sharon Carter, USAID Program Office, Mr. John Alumbaugh, Attorney

at USAID and Ms. Linda Percy, USAID Finance Office. Recommendations were made to share the DF experience with all TFP partners of the Ministry, extend the DF mechanism to all 14 regions, ensure greater ownership of the strategy for effective dissemination and lastly combine DF with other health financing strategies in order to boost performance in the sector.

Workshop for the finalization of FARAs of the Kaffrine medical region and MOH central services. During the second quarter, FHI360 jointly participated with Abt and the USAID Health Program's regional bureau of Kaolack in the workshop to finalize FARAs of the medical region of Kaffrine, DAGE (Department of General Administration and Equipment) and DSISS (Division of Health and Social Information Statistics). This workshop was organized by USAID at Hotel Amaryllis in Saly from January 28 to 30, 2015. The objectives of the workshop were to develop and validate milestones of 2015 FARAs, share data collection tools for calculating baseline indicators, extract baseline indicators of the Kaffrine medical region, DAGE and DSISS for 2013 and 2014 in order to determine the level of achievement of milestones and modalities for verification and validation of milestones. The issue relating to the validation of performance contracts or acceptance of deliverables of responsibility centers was put to the DPRS pending the technical secretariat.

Performance levels of 2015 Implementation Letters. Payments made in 2015 under the direct financing mechanism reached 88.93% as at September 30, 2015. During the second quarter from July to September 2015, 180,604,683 CFA francs were paid out of a total of 216,828,105 CFA francs earmarked. With the exception of Ziguinchor which did not receive its last payment because of the low rate of validation of its milestones, all other regions (Kaolack, Diourbel, Thiès, Kolda and Sédhiou) received the three payments for Quarter 0, Quarter 1 and Quarter 2, i.e. 546,221,316 CFA francs out of 614,209,726 CFA francs initially budgeted for the period.

Identification of DF 2016 milestones. The Component organized a workshop to present direct financing results achieved in 2015 and develop milestones for 2016. This meeting was attended by members of the regional health management teams of Thiès, Kaolack, Kolda, Diourbel, Sédhiou and Ziguinchor, the Director of General Administration and Equipment (DAGE) of the Ministry of Health and Social Action, representatives of the USAID health program and its implementing agencies. Direct financing milestones and deliverables were identified for 2016 for each beneficiary region.

Monitoring of Direct Financing activities. Direct financing activities are closely monitored at two decision-making levels. Firstly, at the local level with the convening of CRV meetings and secondly at the central level during meetings of the internal monitoring committee, the technical secretariat and the steering committee.

CRV meetings. CRV meetings were held on a regular basis in the six regions with the support of the HSS Component through the regional bureaus of Kaolack, Kolda and Thiès. Deliverables and quarterly action plans received from health districts/medical regions were hence reviewed for feedback and amendment prior to submitting them to CRVs. These meetings also represent an opportunity to verify deliverables of medical regions, validate payment requests and make recommendations such as the need to prepare terms of reference for the follow-up mission of the regional validation committee (CRV). They also entail sharing the reports of CRVs with DHMTs, reviewing budget allocation among the various beneficiaries (medical region), preparing and transmitting deliverables in a timely manner (medical region, health district), ensuring the timely payment of funds (USAID), distributing funds based on budget forecasts (medical region, regional bureau), electronic filing of DF-related documents (medical region, health district), sharing of DF information with other DHMT members (health district) and signing of the office memo on the allocation of funds with health districts and the regional bureau (medical region). Payment requests and meeting reports are sent to the HSS Component.

DF internal monitoring committee. The monitoring committee met twice in 2015. During these meetings, information was provided on the recruitment of the national DF adviser, the situation regarding the payment

of milestones reached in 2014 and 2015 and the delivery of the specific report for 2014 on direct financing. Information was hence shared on progress made in DF implementation in 2015, on regional budget levels for DF in 2016 and on the direct financing evaluation process.

DF technical secretariat. The Direct Financing Technical Secretariat met twice in Dakar to adopt the PNDS procedures manual which was revised to take into account the specificities of DF and to discuss the contents of the implementation letter signed with PNLP and the Vector Entomology and Parasitology Laboratory at the University Cheikh Anta Diop of Dakar. Through Abt/HSS, USAID implementing agencies, mandated in 2013 by USAID to implement the direct financing mechanism in medical regions through FOGs, were invited to present the implementation results of the first years and prepare a project assessment so as to draw lessons to improve this initiative.

Steering Committee. It met once to validate the PNDS procedures manual.

Finalization of the HSS Component's management procedures manual. Review of the DF mechanism led to a revision of the procedures manual adapting it to lessons learned, new measures taken in 2015 which consist of entrusting DF management to the HSS Component and putting in place a steering committee including a technical secretariat. DF implementation letters were also reviewed and adapted to the new context. The roles and responsibilities of new organs such as the Steering Committee and Technical Secretariat have been taken into consideration and new financial management tools proposed.

Finalization of the PNDS management procedures manual. In an effort to harmonize management procedures within the Ministry of Health, DAGE finalized the PNDS management procedures manual with the support of USAID. The different components of the US cooperation agency participated in this exercise. Management procedures specific to the direct financing mechanism were hence incorporated into Chapter 7.5 of the document. The two sub-sections of this chapter relate to the mechanism on direct financing through the Government of Senegal referred to as "Fixed Amount Reimbursement Agreement" (FARA), and the mechanism on direct financing through a private organization referred to as "Fixed Obligation Grant" (FOG).

Evaluation of Direct Financing. The evaluation process of the direct financing mechanism in beneficiary regions covering the period from June 2013 to June 2015 has been launched. The purpose is to determine whether the premise as well as the expected results and outcomes based on the design and implementation of the direct financing mechanism are supported by the experiences of medical regions and health districts in the Diourbel, Kaolack, Kolda, Sédhiou, Thiès and Ziguinchor regions over the three years of implementation (2013, 2014 and 2015). The evaluation will also gather information and stakeholder perspectives in order to adapt the design and implementation process of the direct financing mechanism.

- **PERFORMANCE-BASED FINANCING MECHANISMS**

The Component continued its "**Support for PBF implementation**" through several activities in the Kaffrine and Kolda regions and actively participated in the effective start of the PBF program in four regions newly enrolled this year:

Independent verification system. The Component provided support to the MOH for the organization of three verification missions in Year 4. Data covering the entire year 2014 and the first quarter of 2015 was verified (see performance in Table 3, Attachment 1) for seven districts, two hospitals and RHMTs of the Kaffrine and Kolda regions. Due to delays in the signing of 2014 contracts, verification of 2014 data was conducted on a semi-annual basis. During each mission, CRGs utilized the scope of work prepared by the National Program to verify data at all health centers, hospitals, DHMTs, RHMTs and at 30% of health posts selected in each district. Forty-one (41) health service delivery points were thus visited including thirty-three (33) health posts, six (06) health centers and two (02) EPS. The data produced by seven (07) district health management teams and the two (02) regional health management teams of Kolda and Kaffrine was also

verified. The checklist was applied in all of the thirty-nine (39) health facilities visited (health centers and posts). At each visit, providers and the health committee of the facility are provided feedback. Consumer lists for survey purposes were prepared and sent to CBOs who conducted the surveys.

Exceptionally, 2015 first quarter data was verified under the responsibility of the HSS Component. Due to the delay in recruiting the independent verification agency (AVI), the Component conducted the external verification at the request of the World Bank's PFSN project.

The Component also participated in all data reconciliation activities organized. During these workshops, PBF performance data as well as checklists were reviewed and validated including those of health posts which were not visited during the verification mission. Each CRG sent its data reconciliation report along with performance reports, quality checklists and payment requests of all beneficiaries to the PNFBR. After validation of this data, the PNFBR sent the entire file to the World Bank's PFSN project for payment.

Development and finalization of PBF communication materials. The PNFBR, in collaboration with SNEIPS and the assistance of the HSS Component, organized two workshops to design PBF communication tools. In addition to PNFBR, SNEIPS, the Minister of Health's Communication team and the Component, the participation of the chief regional medical officers of Kolda and Kaffrine, BREIPS team members from the six regions under PBF, a few chief district medical officers and beneficiaries in the two pilot regions was decisive. Various tools were developed and validated: (i) the logo of the National PBF Program with blue and red colors, (ii) the PBF program leaflet, (iii) a desk diary, (iv) a brochure, (v) a roll-up, and (vi) stickers as well as several types of posters. PNFBR with the support of the World Bank's PFSN project will reproduce these materials for a wide distribution.

Website application support mission. The objectives of the single mission conducted this year were to assess utilization of the web application, identify bottlenecks, update the different parameters of the web application, improve training modules, user's manual, components of the web application and strengthen the capacities of the PNFBR team on managing the application. A training workshop for PNFBR team members was organized and difficulties faced regarding the availability and expertise of the local administrator as well as the hosting of the web application were extensively discussed.

Finalization and validation of the process evaluation report. This activity, commenced in Year 3, was pursued. Experts from headquarters in collaboration with CRDH and the Component's national bureau analyzed information from the PNFBR database after clean-up and stabilization operations conducted by CRDH. All survey results were processed and analyzed before the report was drafted and shared with the PNFBR team. The report was validated by the PBF monitoring committee during the third quarter. The main recommendation is the dissemination of results at the central level and in the six regions currently implementing PBF.

Support for the organization of regional reviews and the third PBF national review. CRGs, with the support of the regional bureaus of Kolda and Kaolack, organized their first regional reviews this year. In Kolda, it was chaired by the *Préfet* of the Department of Kolda, representing the Governor of the region, and was attended by members of the PNFBR, DHMTs, RHMTs, ICPs, midwives and representatives of local government units. During this meeting, responsibility centers, which include DHMTs, EPS' and medical regions, made presentations on the status of PBF implementation, performances in terms of quantitative and qualitative indicators, difficulties encountered and corrective actions proposed by PBF beneficiaries. Each region prepared a report and the information contained therein was used for the national review.

The third national review organized in May 2015 and chaired by the Secretary General of the MOH, was attended by all members of the Steering Committee as well as the MEFP, local government units, the Ministry in charge of local governance, social partners, TFPs, and stakeholders at the regional level. This review is organized at a time when the evaluation report of the PBF process is validated by the monitoring committee, CRGs have just organized their first regional reviews, and four new regions have been enrolled in the PBF process with the support of the World Bank under its Health Financing and Nutrition Project

(PFSN). Discussions were held after each presentation and a certain number of recommendations adopted including the following: (i) share the findings of the PBF process evaluation with beneficiaries and stakeholders at the operational level; (ii) reactivate and speed up the signing of the PBF framework agreement between the MOH and local government units and strengthen collaboration with local government units; (iii) strengthen the human resources capacities of the national program and the regional level with the recruitment of PBF regional advisers; (iv) monitor implementation of recommendations adopted by the Review on a quarterly basis; (v) enhance the management of the PBF application; (vi) organize synergy meetings between the PNFBR and the UHC agency; and (vii) provide for sanctions where health facilities and health districts fail to meet data transmission deadlines. Box A2 provides a summary of achievements with regard to the delivery of priority healthcare interventions including family planning, maternal health, child health and disease control. These were shared at the national review.

Box A2. Enhancing the delivery of priority healthcare interventions in the context of Performance-Based Financing

The national review of May 2015 provided the framework for a broad discussion on PBF results in terms of enhancing the delivery of maternal health, child health and disease control services during FY 2014. **Table 3 in Attachment 1** provides quantitative data per health district on the enhanced delivery of priority interventions in 2014 in comparison to 2013 benchmarks in health posts and health centers in the Kaffrine and Kolda regions. On the whole, the following results were achieved according to the data:

- *Child health.* The delivery of child health care is improving in PBF beneficiary health districts. Coverage rates for vaccination, weight monitoring, vitamin A supplementation and management of malnutrition cases have substantially increased in health districts between 2013 and 2014.

- *Maternal health and family planning.* Delivery of maternal health and family planning services also improved significantly between 2013 and 2014. Though health posts and health centers still experience difficulties to reach their targets in terms of family planning and pre-natal consultations, some have succeeded in doubling their performance levels in 2014 compared to 2013 benchmarks and most beneficiary facilities have significantly increased their coverage rates. Skilled birth attendance rates have also progressed in general and particularly in the Kaffrine region.

- *Disease control.* Management of simple malaria cases among children under five significantly improved between 2013 and 2014 in all PBF beneficiary health districts.

Support to missions for the renewal of performance contracts. The PNFBR with the support of the USAID Health Program through Abt/Associates, organized workshops to renew PBF contracts in all districts within the Kaffrine and Kolda regions. At these workshops, the PNFBR presented the performance levels of PBF indicators for each beneficiary facility. The results were then discussed as well as the difficulties and problems encountered during implementation. Quality-related results were discussed based on the scores of checklists, and first generation districts, namely Kolda and Kaffrine are the lead scorers. Some errors in calculating certain indicators and filling out tools were cleared. At the completion of these renewal missions, the PNFBR recorded one hundred and thirty-two (132) signatories including 52 women, 115 health posts, 6 health centers, 7 DHMTs and 2 hospitals for a total budget of Seven hundred and seventeen million seven hundred and sixty-five thousand three hundred and twenty-five (**717,765 325,2015**) CFA francs for 2015. This will be financed by the PFSN with the joint support of the World Bank and USAID.

Synergy of actions and assistance to commence the World Bank PFSN project. The Component participated in all activities organized by the PFSN this year. These include the finalization and validation of the project's administrative, financial and accounting procedures manual, monthly meetings of the PFSN monitoring committee to assess project implementation and discuss problems encountered, the launch of

the baseline survey following adaptation and finalization of the various questionnaires, and organization of the first steering committee meeting chaired by the Secretary General of the MOH.

Support for the organization, on a regular basis, of meetings of PNFBR coordination organs. For an enhanced coordination and monitoring of PBF activities, the steering committee and technical monitoring committee each organized a meeting to discuss implementation levels and difficulties encountered. The following issues were raised at these meetings: (i) delays in the start of activities in the four new extension regions, (ii) the unavailability of the local developer for the PBF application, (iii) delays in the transmission of data and payment of bonuses, and (iv) the lack of adequate human resources in PBF regions and at the PNFBR.

Box A2: Technical assistance of the USAID Health Program for PBF extension to four new regions with the support of the World Bank

General Considerations: Implementation of PBF in Year 4 was marked by the enrolment of four new regions in addition to the pilot regions of Kaffrine and Kolda. The MOH, with the financial support of the World Bank through its Health and Nutrition Financing Project (PFSN), has begun to progressively scale-up this initiative. The pilot phase (2012-2014) supported by the USAID Health Program, enabled the MOH to draw on many accomplishments and hence facilitate PBF extension to the Kédougou, Tambacounda, Sédhiou and Ziguinchor regions with the technical assistance of USAID through its Health System Strengthening Component.

Contribution of the USAID Health Program to PBF extension: In order to capitalize on the extensive information, practices and experiences gained during the pilot phase, a memorandum of understanding was signed between the MOH, PFSN/ BM and USAID in which the roles and responsibilities of each stakeholder were defined for the continuation of activities. USAID, through Abt/Associates, will be in charge of providing technical assistance and the support afforded to the two pilot regions will be extended to the four new regions (Kédougou, Sédhiou, Tambacounda and Ziguinchor) up to the closing-out of the Health Program. Operational costs required for the implementation of PBF activities and payment of funds to health facilities in the 6 regions will be financed by the PFSN project. Consequently: (i) the HSS Component replaced the independent verification agency (AVI) and took full responsibility for the verification of data relating to the first quarter of 2015 in collaboration with CRGs, (ii) support was provided to conduct activities to raise awareness, inform and discuss PBF in the new regions, (iii) the Component provided assistance during PBF training workshops for beneficiaries and for the signing of contracts, and (iv) the Component participated in the preparation of technical documents for the recruitment of support staff (local developer, AVI, regional advisers) and in meetings of PFSN coordination bodies. This support, provided by the national bureau, regional bureaus and sub-contractors (CRDH and Broad Branch), will be pursued through updating of the PBF website, preparation of reports documenting the process, participation in supervision activities, data reconciliation and in the organization of regional and national reviews.

Lessons Learned: PBF has contributed to increased accountability of service providers. They take more initiatives to enhance their performances and the quality of services. PBF implementation has generated a lot of hope among healthcare personnel and populations who are now observing improvements in healthcare indicator levels. Nonetheless, support is still required to consolidate the achievements of this initiative.

PBF training and signing of contracts in new regions. The PBF national program, with the assistance of the USAID Health Program through Abt/Associates, organized training workshops on PBF during the last quarter of Year 4, followed by the signing of the first performance contracts in nine health districts and three hospitals in the Tambacounda, Kédougou, Sédhiou and Ziguinchor regions. During this six-day workshop attended by four hundred and seventy-seven (477) people including two hundred and five (205) women, training modules and the quality checklist were discussed and practical exercises conducted in group sessions. Benchmarks identified during the baseline survey conducted by the selected consortium were validated by beneficiaries after negotiations. The PNFBR was then able to finalize contracts for signature by parties concerned. At total of 163 beneficiaries including 44 women signed their first performance contracts. To date, all beneficiaries in the six PBF regions have signed their performance contracts and represent a total of 295 beneficiaries including 253 health posts, 15 health centers, 5 EPS', 16 DHMTs and 6 RHMTs. It is

worth noting that only the Kolda and Kaffrine regions signed annual contracts for 2015 whereas the others signed semi-annual contracts covering the period from July to December 2015.

Following this training session, the Kolda regional bureau through its HSS adviser, provided technical assistance to RHMTs and DHMTs during the training of ASC/matrons on PBF. Two hundred and three (203) ASC/matrons were hence trained on PBF including fifty-seven (57) in the Sédhiou region and one hundred and forty-six (146) in the Ziguinchor region.

3.1.2 Implementation analysis

Considerable progress was made during Year 4 towards reaching milestones for the three activity areas under the sub-component "Management of the health system at the local level". However, delays have been noted for certain milestones. The organization of refreshing training workshops on health governance and the development of the training guide on leadership were delayed. Only the Kaffrine region organized quarterly meetings of its health consultation forum on a regular basis.

Effective progress has been made in strengthening capacities in planning, management and monitoring at the regional and health district levels. The 2014 ORCAP plans of 8 medical regions and 2 out of 3 health districts were evaluated. However, difficulties were encountered to schedule and plan training sessions for health management teams and develop 2016 ORCAP plans. The administrative and financial management of medical regions and health districts continued to be improved with the updating of the stock accounting systems of medical regions, development of the training guide on the administrative management of medical regions and health districts, and finalization of the training module for RMOs, DMOs and managers on the financial management and accounting software (EXCEL) for medical regions and health districts. The Kaolack, Fatick and Kaffrine regions are currently finalizing their 2014 financial report.

Support was provided for the development and consolidation of AWPs as well as health-related POCLs of local government. The Component continued to provide assistance during coordination meetings and quarterly supervision visits of health districts conducted by the regional health management team.

The third national PBF review was organized and the process evaluation report finalized and validated. 2015 performance contracts in the Kaffrine and Kolda regions were renewed and beneficiaries in the Tambacounda, Sédhiou, Kédougou and Ziguinchor regions signed their first performance contract. The payment of PBF bonuses still suffers setbacks as a result of the backlog in the transmission of reports and delays in the recruitment of the independent verification agency. It shall be noted that beneficiaries in the Kaffrine and Kolda regions have received their bonus payment for the first quarter of 2015 through the PFSN project.

3.1.3 Challenges, opportunities and perspectives

Challenges to consolidate achievements made in the area of administrative and financial management relate to the need for qualified staff at medical regions and health districts and the harmonization of management tools utilized by medical regions and health districts to facilitate information gathering, reporting and financial analyses.

The constant monitoring of good governance indicators contributed to ensuring greater compliance with profit margins on prescription drugs, public display of the cost of healthcare services and renewal of members of health committee organs. Also, the computerization of the patient circuit management system in health centers contributed to securing financial resources and boosting revenue.

Another challenge was the monitoring of direct financing implementation letters by regional bureaus and the central level while ensuring that regions meet audit requirements. Advocacy actions should be conducted for the Steering Committee and DF Technical Secretariat to convene meetings on a regular basis.

The challenge in terms of performance-based financing relates to the delay in the transmission of quarterly performance reports and payment requests. The PFSN is currently recruiting regional advisors to enhance implementation and hence clear backlogs. There is also a lack of qualified human resources which can be addressed through recruitment of technical staff (nurse and midwives) within the framework of DF in Kaffrine, and this mechanism could be extended to other PBF regions.

3.2 Achievements of sub-component B

3.2.1 Key results

- **INCENTIVE-BASED SUPPORT FRAMEWORKS.**

As part of efforts to advance towards the "establishment of an incentive-based framework to improve financial access to healthcare supported by risk-pooling mechanisms", the Component continued to assist the MOH in the establishment of an institutional and financial framework to implement UHC, strengthen regulations and build the technical capacities of stakeholders.

Assistance for the establishment of a UHC regulatory and institutional support framework. Significant steps were taken to establish financing mechanisms for expansion of healthcare coverage through MHOs during Year 4 of the Health Systems Strengthening Component. Partial subsidies were effectively mobilized in for FY 2014, and targeted subsidies were extended to include poor households that receive family welfare grants. Partial subsidies for 2015 are currently being mobilized. 50% of funds included in the FY 2014 budget have been transferred to the accounts of the eleven existing regional MHO federations. The overall amount of 240,936,605 CFA francs is earmarked for 162 MHOs established in the fourteen pilot departments of the DECAM initiative. On Thursday, June 11, 2015 in Kaolack, the Government of Senegal, through the UHC Agency and the General Delegation for Social Protection and National Solidarity, officially launched the initiative to provide healthcare coverage for family welfare grant recipients through MHOs.

This initiative, which targets 300,000 households by 2017, will facilitate access for the poorest families to maternal and child health services, family planning services and products, and will help protect their income against financial risks associated with catastrophic health expenditures. At the time of this launch ceremony, 97,883 members of the 50,000 recipient households selected for the first phase of the national family welfare grant program had already been enrolled in MHOs and the related government subsidies for their coverage were being mobilized.. To ensure a successful implementation of this initiative, the UHC agency organized meetings to discuss procedures for the management of the target population and signed financing agreements with regional and departmental MHO federations in charge of managing the supplementary benefits package. Partial subsidies currently being mobilized will involve all 271 MHOs established in the ten demonstration departments with the support of the Component.

Significant milestones were also reached in establishing the regulatory and institutional framework during this fourth year with the official installation of the national inter-ministerial UHC steering committee and the creation of the Universal Health Coverage Agency (ACMU) by the Government of Senegal. The Component provided support for the organization of quarterly meetings of regional and departmental committees in charge of monitoring UHC implementation. It also assisted the agency to commence its activities through the organization of a technical planning workshop, preparation and convening of meetings of the Supervisory Board and the recruitment of national directors. Effective establishment of this national platform and management frameworks at the local level will contribute to ensuring better coordination of interventions for implementation of UHC policies, in collaboration with technical and financial partners and decision-makers.

Strengthening of technical capacities of stakeholders. As part of efforts to ensure a professional management of MHOs within the context of UHC implementation, the Component continued to provide the MOH with support during this fourth year to conduct training sessions for MHO managers on the new administrative and financial management manual in the 7 new demonstration departments of the DECAM initiative. A total of 514 MHO administrators and managers benefitted from these sessions in regions covered by the Thiès and Kolda regional bureaus. Sessions are on-going in regions covered by the Kaolack regional bureau where the process is yet to be completed. Furthermore, in the process of implementing the synergy plan developed by HSS, PSSCII and the UHC agency for a greater involvement of community-based stakeholders (NGOs, CBOs) in the awareness-raising component of the UHC program, 370 employees of NGOs which are part of the PSSCII consortium based in 24 field offices throughout the country attended a training of trainers' session on UHC. These employees then proceeded to train 8,561 community-based stakeholders (CBOs, relay workers, Bajénu Gokh) in 61 out of 74 districts covered by PSSCII. UHC was thus included in community-based activities conducted by ACS' to support implementation of health programs and this helped to reach 73,653 individuals in the ten regions covered by PSSCII. Integration of a UHC component in community-based activities in support of health programs will contribute to promoting a better understanding of populations and their acceptance of the UHC program.

EXTENSION OF HEALTH INSURANCE COVERAGE THROUGH MHO NETWORKS

In order to advance towards the result "*health insurance coverage is significantly increased through strengthened local networks and sustainable mutual health organizations*", the Component, through the Kaolack, Kolda and Thiès regional bureaus, continued its support to implement the DECAM initiative in the ten (10) pilot departments of Kaolack, Kolda, Louga, Kaffrine, Goudomp, Ziguinchor, Fatick, Mbour, Mbacké and Rufisque, and provide advisory-support to MHOs and MHO networks in its other intervention zones.

UHC extension in 10 demonstration departments. Assistance provided by the Component for UHC expansion in the ten demonstration departments consisted primarily of providing MHOs with technical and financial support during awareness-raising and premium collection campaigns to expand their membership base, facilitating annual general assembly meetings of MHOs and federations, providing MHOs and federations with support to monitor the implementation of provider agreements for the healthcare coverage of their members, and assisting in the organization of quarterly meetings of departmental monitoring committees. All 271 MHOs established in the ten pilot departments hence received financial support from the Thiès, Kaolack and Kolda regional bureaus to carry out their awareness-raising campaigns and collect premiums for FY 2015. The three regional bureaus also helped regional and departmental federations monitor agreements with healthcare providers and provide advisory support to member MHOs. They provided support to convene meetings of coordination bodies and annual general assemblies of MHOs and MHO federations. Lastly, regional bureaus helped CDS' organize quarterly meetings to assess UHC implementation within their respective departments.

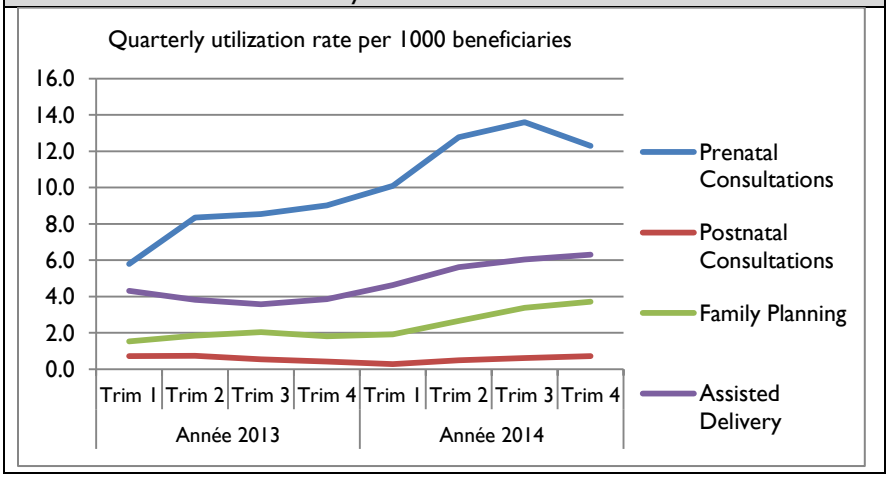
Support to other initiatives outside of demonstration departments. During the fourth implementation year, the HSS Component continued its support to strengthen existing MHOs and MHO networks in its other intervention zones. Hence, all MHOs outside of the DECAM project zone, received direct support for the organization of their ordinary general assembly meetings, planning workshops and conduct of awareness-raising campaigns to expand their membership base. The Thiès regional bureau focused its assistance to MHOs and MHO networks in the departments of Tivaouane and Thiès. It continued its support to restructure MHOs in the districts of Khombole and Mékhé in collaboration with municipal advisers and district health management teams, and helped to organize the general assembly meetings of the two MHOs in the Commune of Tivaouane. MHO networks received support to organize coordination meetings in Thiès and Tivaouane during which the progress and performances of MHOs were assessed. The Kaolack regional bureau continued to support the implementation process of the DECAM initiative in the Department of Birkilane through the restructuring of the MHO of Mbao with the financial support of World Vision and the organization of constitutive general assembly meetings of the MHOs of the communes of

Segregatta and Mbeuleup. The Kolda regional bureau provided support to establish the departmental federation of MHOs in Vélingara which represented the final stage in the restructuring process of MHOs in this department. The three regional bureaus provided the UHC agency with technical assistance for the organization of CDD meetings to launch the DECAM initiative in all departments outside of the DECAM sphere with a view to extending the initiative to all parts of the country.

In general, support activities conducted by the Component in the 10 focus departments as well as in other departments have contributed to significantly increasing the number of persons with healthcare coverage through MHOs in its intervention zone. A total of 566,551 individuals were enrolled in community-based MHOs as at the end of the fourth quarter of 2015 including MHOs in Khoungheul and Foundiougne. Among these beneficiaries, 316,355 have currently paid their premiums in full, i.e. 56%, and among whom 150,210 are vulnerable persons. 132,354 recipients of family welfare grants have been enrolled and represent 88% of vulnerable persons. The 10 focus departments of the Component continue to play their role as test sites for strengthening local MHO networks to extend healthcare coverage, UHC monitoring frameworks at the local level, operationalization of UHC public financing mechanisms through MHOs, and healthcare coverage for indigents and vulnerable groups through MHOs. Lastly, preliminary results of the study on the financial viability of MHOs in the context of UHC reveal that coverage for maternal health and family planning services is being enhanced on account of the expansion of the benefits packages of MHOs (*see Box B1*).

Box B1. Coverage by MHOs of maternal health and family planning services

The HSS Component is currently conducting a study on the viability of MHOs in the context of UHC. The study covers 77 MHOs which have been receiving government subsidies since 2013 including MHOs in the DECAM demonstration departments of Kaolack, Kolda and Louga. The preliminary results of the study reveal that coverage for maternal health and family planning services is effectively provided by MHOs which have expanded their benefits packages in the context of UHC. Moreover, other than post-natal consultations, the utilization of maternal health and family planning services by MHO beneficiaries increased by over 50% between 2013 and 2014.



- **INCREASED ACCESS TO HEALTHCARE FOR VULNERABLE GROUPS**

Continued support to the PLWHA project in the Kaolack region and effective extension to the Ziguinchor and Kolda regions. The Component continued its support for the implementation of the CMV+ strategy in the Kaolack, Kolda and Ziguinchor regions and its extension to the Sédhiou region. In implementing the action plan prepared by HSS and FHI 360, three training sessions on confidentiality and management tools were organized for stakeholders and technical partners involved in the implementation of the strategy in the Ziguinchor, Kolda and Kaolack regions. In the Kolda region, 45 PLWHAs are already

enrolled in MHOs and qualify for benefits packages offered under the DECAM strategy including coverage for opportunistic infections and check-ups. The number of PLWHAs who have joined an MHO in the Ziguinchor region has increased to 55 following additional awareness-raising and information campaigns conducted in this region. The Kaolack regional bureau participated in the joint supervision of PLWHA treatment centers in Nioro, Ndoffane and Guinguinéo. In addition to these joint activities between the three intervention regions, three key activities were carried out during the fourth quarter: capacity-strengthening for action committee members at Sédhiou; prospection and preparation mission for the effective start of the empowerment component in Ziguinchor; preparation and finalization of the CMV+ communication plan.

Protection of other vulnerable groups.
The Component continued and strengthened its support to other initiatives for the protection of vulnerable groups. It provided assistance through the Ziguinchor regional federation for coverage of 4,000 sponsored children as part of the partnership with the federation "**Dimbaya Kagnalegne".** It also provided technical support to the Social Action Regional Service in Ziguinchor for the enrolment of wards of the State in MHOs in the Commune of Ziguinchor. It continued its support to ensure that philanthropists sponsor vulnerable children for enrolment in the MHO Yombal Fajju ak Wér in the Department of Thiès, the enrolment of *talibés* in the MHO for Koranic schools in the Commune of Thiès, coverage by UNHCR for refugees through the MHO "Al Birou wa Takhwa" in Guédiawaye-Pikine, and implementation of a partnership between the association Pencum Ndakarou and the MHO of Sebikotane which led to the enrolment of 1,000 poor people.

Support for commencement of the initiative on healthcare coverage for family welfare grant recipients through MHOs. The Component supported the process to enroll family welfare grant recipients in MHOs in all demonstration departments in collaboration with regional social action services. It also provided support for the organization of meetings to discuss procedures for the management of this target population. The Component also participated in the signing ceremony of financing agreements between the UHC agency and departmental MHO federations for the effective start of the initiative.

Implementation of these various initiatives, with the financial support of the Government, contributes to increasing access to essential healthcare services for the most vulnerable populations and protecting them from catastrophic health expenditures. The number of persons covered through these mechanisms has increased to 132,354 during this year (i.e. a 15% increase) and they make up 23% of the total number of beneficiaries covered by MHOs.

3.2.2 Implementation analysis

Implementation of activities planned for Year 4 resulted in satisfactory progress towards reaching milestones set under the sub-component "Social Financing Mechanisms". The start of activities of the UHC agency as well as the official launch of the national inter-ministerial UHC steering committee and the prospect of adopting a law on UHC are significant steps towards establishing a legal and institutional support framework for social insurance schemes adapted to UEMOA regulations. Furthermore, with the availability for the third consecutive year of government subsidies for MHOs and the inclusion in FY 2015 of 271 MHOs established in the ten demonstration departments, the target of 100 MHOs receiving subsidies for this year will be largely exceeded. These subsidies will help to ensure that the complementary benefits package is offered with the gradual establishment of departmental federations to improve risk management through the pooling of large risks.

Through the Component's support for implementation of the DECAM initiative, all local governments within the ten demonstration departments have at least one functional MHO, thereby ensuring that the milestone "*MHOs are functional in all local government units within the 10 focus departments*" is reached.

Support to implement the CMV+ project is on-going in the Kaolack, Kolda and Ziguinchor regions while ensuring a linkage with the UHC policy for the medical coverage of PLWHAs. The Component continues to

provide support to other on-going initiatives providing healthcare coverage to vulnerable groups through MHOs in some regions with the support of local government units and certain partners. The effective start in October 2015 of the initiative providing health insurance for family welfare grant recipients through MHOs throughout the country significantly contributed to achieving the milestone: "Health insurance coverage, through MHOs, is effectively provided to vulnerable groups in at least fifty (50) MHOs". It marks an important stage in the Government's effort to institutionalize the provision of healthcare coverage to the poorest, through MHOs, within the context of UHC.

3.2.3 Challenges, opportunities and perspectives

The creation of the UHC agency is a key step towards strengthening the UHC institutional framework. The agency will however require technical assistance at the central and local levels for an effective start of its activities.

Moreover, the initiative to provide continued health coverage for family welfare grant recipients implies strengthening the collaboration between the UHC agency and the DGPSN and consequently between the UHC program and all other social safety net programs.

Extension of the DECAM initiative supported by Phase 3 of the Decentralization Act requires the establishment of partnerships between various stakeholders for the mobilization of significant resources for UHC. . The magnitude of these resources poses the challenge of absorption capacity as well as transparency of financial transactions in compliance with procedures on the management of public funds. Production of a management procedures manual with the support of the Component will contribute to strengthening the capacities of managers of the various UHC components. With regard specifically to MHOs, functional technical management units of departmental MHO federations could help strengthen the management capacities of MHO administrators.

The isolated management of free healthcare initiatives, particularly for children under five, could in the long run be a threat to the MHO promotion policy for certain stakeholders. Integrating these initiatives in MHOs in like manner as the family welfare grant initiative should be considered a short-term solution.

3.3 Achievements of sub-component C

3.3.1 Key results

All milestones relating to R.C1 "Enhanced capacities to develop, implement and monitor healthcare policies" under sub-component C have been reached. Three out of four milestones relating to R.C2 "Improved resource allocation for health to support priorities and implement the PNDS" have been reached. The fourth milestone on the preparation of the MOH's 2016 budget based on allocation criteria developed by DAGE is yet to be achieved. There were significant delays in the establishment of working groups. These groups became operational in September 2015. They receive support from the Component through Group ISSA. It is planned that these criteria will be applied to the 2017 budget which will coincide with the entry into effect of the DPPD.

- **POLICIES AND REFORMS**

Support to the MOH for the organizational audit of PNLP. In light of Senegal's ambitious goal of pre-elimination of malaria, there was an urgent need to conduct an assessment of the central management unit of the national malaria control program (PNLP) with a view to strengthening its capacities. The MOH thus requested and obtained the support of the Component for the conduct of an organizational audit of the PNLP.

Abt HSS recruited the firm ADVISE to accompany the PNLP in conducting this audit exercise. ADVISE

provided assistance to the PNLP under the supervision of a Steering Committee established by the Ministry of Health and Social Action. The methodology used by ADVISE and PNLP as well as the key findings are summarized in the box below.

Box C1. Results of the PNLP audit

The program coordinator presented the report on the PNLP audit at a meeting held at the DGS to specifically discuss this sole agenda item. The objective of the audit was to: "assess the PNLP institutional framework, its intervention capacities and its administrative management procedures to identify areas for improvement and establish appropriate mechanisms for a more efficient management".

The methodology used by the firm Advise, recruited by the Component, was validated beforehand by the audit steering committee established by the Minister of Health. The participatory approach used, coupled with individual sessions and collaborative workshops, facilitated problem analyses and the search for solutions. A strong participation of key stakeholders (about thirty participants in total) including PNLP agents and TFPs was noted.

A value chain was hence developed, strategies and priority actions identified and formulated for implementation in the short to medium term in the form of projects. A total of seventeen (17) projects in response to an identified priority issue were developed.
Projects were classified based on two criteria: (i) issues addressed by the project in relation to the program, and (ii) the degree of feasibility of actions planned.
Since the finalization of the audit report, some actions have begun to be implemented such as the drafting of the ministerial order establishing the PNLP and the commitment of partners to help the PNLP address personnel requirements identified by the audit.

- In summary, the following recommendations were made:
- Extensively share the report and its annexes with the different departments and services of the Ministry of Health and Social Action to ensure ownership or encourage them to take on board some aspects;
- Reactivate and ensure effective functioning of the audit steering committee in order to monitor implementation of the recommendations;
- Ensure development, finalization and dissemination of the action plan validated by the steering committee;
- Ensure signing of the ministerial order on the establishment of the PNLP;
- Take steps for the identification of qualified persons to hold vacant positions identified.

Health system strengthening policy initiatives. The Component continued to provide the DGS with assistance to implement the national community health strategic plan (PSNSC). It helped to organize a workshop to monitor regional action plans on the implementation of the PSNSC prepared during CRD meetings held in 2014/2015 on the community health policy document and strategic plan. The Component, through ACA also provided support to develop a procedures manual for projects managed by the DGS including the roving midwives project financed by the Bill & Melinda Gates Foundation. It also financed a mission of the Community Health Unit to the health districts of Médina Yoro Foula (MYF) and Nioro. The purpose of this mission was to document best practices in the area of community health management at the district level with a view to develop a community health model.

1.

The Department of Pharmacy and Medicines also received support from the Component through PATH to operationalize the decree on drug substitution for its effective application by private pharmacies. The register on equivalences was hence finalized taking into account all 17 therapeutic classes (only 5 classes were concerned with regard to the first register).

PNA strategic plan. The Component provided the PNA with support to implement its 2014-2018 strategic plan.
The key activity conducted in 2015 was the organization on March 19, 2015 of the roundtable for the financing of the PNA's strategic plan. The event was quite successful. It was chaired by the Chief of Staff of the Ministry of Health and Social Action and attended by the Minister in charge of the Diamniadio and Lac Rose Platform, the Director of Budget at the MEFP, the representative of the Association of Locally-Elected Officials and the WHO representative, lead TFP in the health sector, among others. Firm pledges were made by TFPs at this roundtable and are summarized in the box below.

Box C2. Commitments of TFPs for the financing of the PNA's 2014-2018 strategic plan (Roundtable meeting of March 17, 2015)

. USAID confirmed that its financial and technical support, through the HSS Component, will be continued and increased pending identification with the PNA of projects of the strategic plan that will be supported by USAID under its next bilateral program (2016-2021) currently being developed.
. UNFPA pledged US$ 4 million for 2015 to help ensure the security of commodities of vital importance in terms of logistics and stock monitoring, improve the information system and support coordination frameworks.
. WHO will finance, for a total amount of US$ 185,000, areas relating to quality assurance, needs assessment, price policy as well as activities relating to coordination and HR strengthening.
. UNICEF assured that a financing pledge will soon be announced to the PNA and will focus on areas relating to logistics, in particular transitional measures aimed at strengthening capacities in storage prior to the construction of the new central store.
. The Belgian Embassy recommended that the PNA submit a request to the Belgian cooperation for a partial funding of the strategic plan and indicated that the current program could already offer degree courses to the PNA thereby contributing to strengthening the capacities of its senior officials.
. French Cooperation informed that the PNA and AFD are already collaborating on the project of the central store following the approval of the MEF, and strongly recommended that the two parties commence work on formulating the assistance project, which could consist of a loan for the construction of the infrastructure and a grant for assistance to the contracting authority. It also indicated that financial support is planned for 2015 under the 5% initiative.
. The Global Fund announced that a truck is currently being procured to strengthen PNA's transport logistics and pledged about 1.4 billion CFA francs for the procurement of ARVs. Over 3.3 million Euros are earmarked for the procurement of medicines for the 2016-2017 period.

The 16 projects contained in the strategic plan have been integrated into the PNA's annual work plan and their implementation has commenced. A follow-up of commitments made by TFPs is being conducted and progress has been noted in the CTB's mobilization of funds to strengthen the capacities of PNA staff. Abt Associates has recruited a consultant to conduct and assessment of the initiatives "PRA Mobile" and "Jegesina". This assessment will commence soon.

Repositioning family planning. The Component, ADEMAS and APC developed a plan to build synergy between their interventions and distribute tasks based on the comparative advantages of each component. Assistance provided by the two consultants recruited by the Component for DSRSE through Groupe ISSA falls within this scope. The assistance provided by Abt in FY 2015 for FP advocacy through the Abt-ADEMAS-FHI360 synergy plan was quite satisfactory. With the exception of Dakar, all of the Component's focus regions (i.e. 9 out of 10 regions) developed their advocacy action plans following a participatory and

inclusive process led by the territorial administration. Six (6) of these plans are currently being implemented, specifically those of the Ziguinchor, Sédhiou, Kolda, Kaolack, Fatick and Kaffrine medical regions. It is worth noting that the Ziguinchor and Kaolack regions have fully implemented their plans. Thiès, Louga and Diourbel are the only regions that are yet to validate their plans.

- **MONITORING OF PNDS**

Multi-year Expenditure Programming Document. The 2016-2018 DPPD was prepared by the DPRS with the assistance of the Component. The Component also helped the DPRS revise MOH planning tools in collaboration with Lux Dev. The process was conducted in three stages: (i) development of the results framework based on guidelines contained in the PSE and DPPD, (ii) revision of outputs for the central level, EPS' and the regional level, and (iii) consolidation of the MOH's list of outputs and revision of the operational planning guide. The new planning guide takes into account the national budget schedule (Decree 2009-85/MEFP of January 30, 2009 on the preparation of the national budget). It was submitted to the Office of the Minister for validation. Modifications include the preparation of AWPs from January to March each year. The new schedule for the preparation of the MOH budget is indicated in the table below.

DEADLINE	UNIT-IN-CHARGE	DELIVERABLE
January	DPRS	Commencement of the AWP development process
January-March	Responsibility centers	Development of AWPs
March	DPRS	Consolidation of AWPs of responsibility centers
April 30	DAGE	Notification by the MEFP of the 3-year budget amount based on the draft budget proposed by the MOH supported by the AWPs
April - May	DAGE	Draft budget proposal based on AWPs to be submitted for arbitration and finalization by the MOH
May 15	DAGE	Budget arbitration within the MOH
May 20	DAGE	Amendment of draft budget based on pre-defined budget allocation criteria
June 30	DAGE	Transmission of MOH draft budget to the MEFP for budget meetings
December 15	DAGE	Notification of the MOH's approved budget to responsibility centers

DPPD performance report. The 2015 DPPD report was prepared by the DPRS with the technical and financial assistance of the Component.

Budget allocation criteria. The development of resource allocation criteria by DAGE was significantly delayed. The process effectively commenced with the signing of ministerial order 018868/MSAS/DAGE/DPSB of September 22, 2015 establishing the Steering Committee. Three working groups were then established respectively in charge of developing criteria applicable to (i) the administration (central, regional and district), (ii) EPS' and specialized facilities, and (iii) health districts. The Component is represented in the "Administration" and "District" groups.

Annual financial reports of DAGE. The technical and financial support provided to the DAGE allowed it to produce its budget execution report for the first, second and third quarters of 2015 as well as the annual financial report for 2015.

3.3.2 Implementation analysis.

Results achieved during the year are satisfactory. This is due in large part to the commitment of the PNLP, the Community Health Unit, the PNA and the DPM in addition to the responsiveness of Group ISSA, ACA and PATH. Resource allocation criteria could not be developed within the planned time limit and hence were not taken into consideration in preparing the MOH's 2016 draft budget. The process was initiated during the last quarter as previously indicated. Achievements include the successful organization of the roundtable meeting for the financing of the PNA's strategic plan, the revision and validation of the MOH's planning tools.

3.3.3 Challenges, opportunities and perspectives

The major challenge in FY 2015 was the entry into effect of the DPPD in January 2017. The planning cycle of the MOH thus has to be revised as well as the planning tools and the DPPD architecture. The other two challenges relate to the need for the MOH to define resource allocation criteria in order to enhance the effectiveness of healthcare spending and adopt long-term solutions to stock-outs of essential medicines and products. Consequently, three priority areas are identified for FY 2016: (i) preparation and entry into effect of the DPPD in January 2017; (ii) strengthening of the essential medicines and products supply chain; and (iii) support to new policy initiatives, particularly the definition of resource allocation criteria - the MOH's aim is to develop a budget based on objective criteria in 2017. The DPPD planning tools and cycle will be revised. The Component will provide technical and financial support to the departments in charge of coordinating and monitoring this process, particularly the DPRS and DAGE. Assistance to DPRS will be continued for the production of the 2015 DPPD performance report and the development of the 2017-2019 preliminary DPPD. As part of efforts to strengthen the prescription drug supply chain, the Component will continue its assistance to PNA for the implementation of its 20014-2018 strategic plan. It will also provide the DPM with support to develop and implement a policy on medicines and pharmaceuticals.

3.4 Achievements of sub-component D

3.4.1 Key results

- **COORDINATION**

Inter-agency coordination. Efforts were made to enhance inter-agency coordination this year with the organization of rotating meetings in addition to those of COPs and the implementation of joint activities. The first inter-agency rotating meeting was organized in March 2015 by the RPS Component, the second in May 2015 by the HIV/AIDS Component and the third in August 2015 by the PSSC II Component. General information on the activities of CAs were shared at these meetings, activities conducted in synergy were monitored and discussions held on various issues such as the combination of approaches to improve quality, the harmonization of costs at the local level with other partners and project close-out plans.

Health Program's integrated action plan. Further to the decision of COPs, production of the 2015 integrated action plan was conducted by a select committee comprising representatives of all components as

well as the coordinators and advisers of regional bureaus. A workshop was held from October 16 to 18 at Somone to draft the 2015 integrated action plan. The first draft of this workshop was then finalized following the incorporation of additional information, particularly the achievements of the last quarter which had not been taken into consideration and budgetary information. The synergy portion was completed in December and the 2015 integrated action plan submitted to USAID on December 23, 2014. Production of the 2016 integrated action plan is planned in December 2015.

Steering Committee of the Health Program. The Steering Committee met twice at the King Fahd Palace on October 30, 2014 and on June 16, 2015 with the support of the Component. These meetings enabled stakeholders to share the achievements of the Program, ensure follow-up of recommendations and identify priorities for 2015-2016. The draft integrated action plan established the basis for discussions at the first meeting and FARAs were also presented.

In the interval between these two meetings, periodic technical meetings were convened between USAID and DGS for a close monitoring of Program activities by the DGS. The Component participated in the first meeting organized on April 30, 2015 at the King Fahd Palace, and presented its key accomplishments during the first three years of implementation, the outlook for 2015 and bottlenecks. The Component also made a presentation on direct financing, an initiative of the Health Program under its management. A follow-up of recommendations made at this technical meeting was made during the second meeting of the steering committee.

Regional bureaus of the Health Program. The weekly and quarterly coordination meetings of regional bureaus were organized on a regular basis. Implementation of Program activities was monitored and constraints as well as bottlenecks identified. Specific themes were often discussed at quarterly meetings to provide updates, share information or take relevant measures. Such themes included the roving midwives strategy, performance-based financing, universal health coverage, direct financing of the USAID Health Program, and Ebola. Quarterly activity reports of regional bureaus were also finalized at these meetings and action plans for the following quarter discussed.

Action plan prepared and submitted to USAID. Annual action plans of the Component were prepared and submitted to USAID on time. The action plan for Year 4 was finalized and submitted early October 2014 after incorporating feedback from USAID. Regarding the 2016 annual action plan, a workshop was organized in May 2015 to identify and budget priority activities in collaboration with partners at the Ministry of Health and Social Action. The 2015 action plan was also monitored at this workshop. Achievements, constraints and budget execution in 2015 were hence examined, priority activities for the second half of 2015 identified and rescheduled and related budgets reviewed.

- **MONITORING/EVALUATION**

Coordination meetings of the Component. The Component organized seven coordination meetings between October 2014 and September 2015 to monitor its activities, ensure a successful preparation of its key activities and prepare its reports.

Activity reports of the Component submitted to USAID. The fourth quarterly report and annual report for Year 3 as well as the first three quarterly reports for Year 4 were prepared with contributions from regional bureaus, advisers and the administrative and financial officer and submitted to USAID. Progress made towards reaching milestones was hence measured through the four sub-components on a regular basis. Difficulties faced during implementation of activities were also identified in each report and the financial situation of the Component presented. The annual report also included the table of indicators. Seven success stories on UHC, DF and PBF were communicated to USAID by the Component in December 2014. USAID provided feedback on the Component's 2013-2014 annual report and issues raised were analyzed and the relevant clarifications provided.

In addition to the quarterly activity reports, ten bi-weekly updates were prepared and submitted to USAID. They focused on key activities including the installation of the Inter-ministerial steering committee of the national strategy for the development universal health coverage, the award ceremony of a truck donated by USAID to the PNA, the donors' roundtable meeting on the financing of the PNA's strategic plan, the renewal of performance-based financing contracts, training of PSSCII NGO employees on UHC, the third national review of the performance-based financing project and the official launch of the initiative to provide healthcare coverage to recipients of family welfare grants through MHOs for UHC.

Data collection. A data collection mission was planned in the Component's 2015 action plan to improve the output quality and particularly the completeness of information required. The mission was conducted in June in the Thiès, Louga and Diourbel regions. The goal was to assess the availability of data, particularly those relating to the coverage of beneficiaries and to enhance the capacities of HSS and social financing advisers in the utilization of the Sharepoint Workspace program enabling them to input data at the local level. The mission noted that information needed could be obtained with the exception of details on benefits per type and per target. Some were obtained from MHO federations and additional information received from the regional bureaus through monitoring activities organized with regional federations, that of Kaolack in particular. The quality and availability of data is expected to improve with the professionalization of MHOs and MHO federations (recruitment of a manager and leadership selection). Regarding the Component's database, it is accessible to four staff members of the Thiès regional bureau who participated in the introductory training session and to at least one staff member in each of the other regional bureaus. However, data input is yet to be operational at the local level. A workshop is planned during the early part of Year 5 on entering the remaining information of the data collection mission.

Database and archiving of Component documents. Entry of Year 3 data was completed in October and verification of data covering 2014 conducted in November. It was observed that some of the data was not comprehensive and activity reports were consulted to address this issue. Form G, which the Kaolack regional bureau fills out on a quarterly basis was also exploited. In addition to entering data relating to the first quarter of 2015, data relating to 2014 was also identified and the database updated. It can be accessed in the workspace "Database" created in Sharepoint. For 2015, first quarter data was entered in full but second quarter data is yet to be completed. There is hence a backlog due in part to the office move in February and changes in the configuration of computers as well as the resignation of the data entry clerk. The electronic filing system is updated on a regular basis.

3.4.2 Implementation analysis

Five coordination-related activities were planned in the Component's action plan as well as ten planning activities, six monitoring activities and four success stories. Four of these are repeat activities and two are continuous. At the end of the fourth quarter, establishment of a record keeping system at regional bureaus, orientation sessions on success stories for staff of the Component, drafting and dissemination of success stories and joint semi-annual supervision of regional bureaus were not conducted. Monitoring of the 2015 annual work plan was conducted in conjunction with the development of the 2016 annual work plan. Also, inter-agency working groups were not functional and related activities were therefore not carried out. Besides, these activities were cancelled during the follow-up workshop held mid-year. Furthermore, orientation on how to draft success stories is no longer necessary because headquarters has made available excellent documentation. Success stories will be prepared along with the annual report during the first quarter of 2016. The establishment of a record keeping system at regional bureaus was rescheduled to Year 5.

3.4.3 Challenges, opportunities and perspectives

Updating of the database remains a challenge because data input is still conducted at the central level. Ways and means will be considered to ensure the availability and use of real-time data for project close-out.

4 CROSS-CUTTING ISSUES

4.1 GENDER MAINSTREAMING

Gender mainstreaming has been enhanced in the Component's interventions by taking full account of the specific needs of women or men when determining benefits packages of financing mechanisms supported by the Component, and empowering women and men in the health sector through their participation in the implementation of interventions supported by the Component and their representation in decision-making bodies of new organizations established with the support of the Component.

Extension of partial subsidies to all MHOs in pilot departments allowed over 160 MHOs to offer the DECAM initiative's entire benefits package (basic and complementary packages) to their members. Moreover, enrolment of family welfare grant recipients in MHOs combined with the commencement of targeted subsidizing in Diourbel, Fatick, Kaffrine and Kaolack regions will facilitate financial access to healthcare for all vulnerable groups.

The participation of men and women in the implementation process of interventions supported by the Component has also been enhanced with the UHC synergy plan jointly implemented by HSS and PSSCII. 8,561 community-based actors were trained on UHC among whom 6,143 (72%) are women. This significant representation of women could help to ensure that their concerns in terms of UHC are effectively taken into consideration during public information and awareness-raising activities on the UHC program. The Component is stepping up support to MHOs to improve the availability and quality of gender-disaggregated data on MHO beneficiaries.

4.2 COMPLIANCE WITH ENVIRONMENTAL REGULATIONS

Prior to the approval of our contract, the initial environmental evaluation of USAID/Senegal's Health Program was approved by Bureau Environmental Officers in Washington D.C. It was determined that all intermediate results of the Program qualified for categorical exclusion with the exception of those concerning the supply of nets and residual spraying – which do not involve the Component. The HSS Component is drafting an environmental compliance strategy to be submitted to USAID upon finalization.

4.3 COMPLIANCE WITH FAMILY PLANNING LEGISLATION AND POLICY REQUIREMENTS

The HSS Component did not conduct specific activity in this area. However, the Kaolack regional bureau took the opportunity offered by its second quarterly coordination meeting to update participants on USAID FP requirements.

5 LESSONS LEARNED

Performance-based financing. Results of the PBF evaluation reveal that PBF has helped to significantly improve the quality and coverage of priority health services including maternal health, child health and disease control in zones concerned by ensuring increased access, availability of healthcare personnel and a clean and friendly environment. This was confirmed by the results achieved in 2014 which were presented at the third national review.

Direct financing. According to feedback from beneficiaries in medical regions and health districts, the direct financing mechanism strengthens ownership and accountability of local health authorities. Direct financing allows for greater autonomy and discretion in planning and management which makes it possible for medical regions and health districts to develop their plans based on their needs. Further, the involvement of administrative authorities and civil society in the validation of deliverables through CRVs helps to strengthen accountability of regional and local health authorities. Also, the alignment of contractual arrangements and institutional arrangements of the health administration to the regional and local levels reinforces solidarity and teamwork between medical regions and health districts with the aim of reaching milestones. Finally, the direct financing mechanism helps to address a recurrent issue regarding the withdrawal of some partners during the year and hence the implementation of certain activities planned in AWPs of medical regions and health districts. Beneficiaries are persuaded that, under the terms of the performance contracts, the direct financing mechanism offers a guarantee that the necessary resources will be available to implement selected activities in their annual work plans. The predictability of funding motivates beneficiaries to pre-finance activities contained in their AWPs.

Social financing mechanisms. The Government of Senegal's decision to create a Universal Health Coverage Agency and the establishment of UHC monitoring frameworks are significant steps towards creating a favorable legal and institutional environment for UHC. Recurring interventions of the Head of State enlighten as to the increasing involvement of administrative and political authorities in the implementation of the UHC policy.

Furthermore, enrolment of family welfare grant recipients in MHOs strengthened collaboration between the MOH and the General Delegation for Social Protection and, at a larger scale, relations between the UHC program and other social safety net programs. The joint organization of the official ceremony to launch the initiative on healthcare coverage for family welfare grant recipients through MHOs has opened up new opportunities for collaboration between DGAS, the UHC agency, the General Directorate for Social Protection and the HSS Component for the integrated healthcare management of poor people and vulnerable groups.

Implementation of the direct financing mechanism has allowed beneficiary medical regions and health districts to strengthen their support for the development of MHOs through the conduct of training, communication, monitoring and coordination activities.

Policies and reforms. The success of an activity with significant political and strategic implications such as the roundtable meeting of TFPs on the financing of the PNA's strategic plan depends primarily on the support of the highest authorities and the quality of preparations.

The development of allocation criteria regarding a national budget is a complex process which must indeed address technical challenges while constantly trying to ensure greater efficiency in the allocation of resources, and also take into consideration constraints of a political nature.

6 GUIDELINES AND PRIORITIES FOR YEAR 5

The annual action plan for Year 5 of the HSS Component was prepared taking into account changes in the sector and progress made during first four years of the Component. Greater decentralization, reform of public financial management, enhanced governance and universal health coverage have been identified by the new political authorities among priority issues on their agenda. Furthermore, central and regional services of the MOH are currently being reorganized. In order to fit its priorities to these changes, the MOH held national consultations on health and social action (CONSAS), which led to key recommendations and measures on health governance and universal health coverage. Key health coverage measures were discussed during an interministerial council on UHC; furthermore, a UHC strategic plan was developed and resources earmarked to support its implementation. The Performance-Based Financing (PBF) initiative has made significant progress since the first national review and the lifting of the strike action to withhold information. The PBF initiative was extended to seven health districts in two regions and a World Bank project on Financing Health and Nutrition is being developed to extend PBF to four other regions. Finally, USAID/Senegal is committed to implementing a package of reforms relating to the way it does business, including the Implementation and Procurement Reform (IPR) which introduces direct financing mechanisms at the central and regional levels supported by the Health Program's implementing agencies and managed by the HSS Component.

The annual action plan for Year 5 will continue to set the stage for the HSS Component to seize opportunities offered in order to improve health system performance. The Component will focus on extending high impact interventions in the areas of family planning, maternal health and child health through consolidation of mechanisms for planning, implementation, management and financing developed during the first three years as well as lessons learned. The process of ensuring accountability of institutions and local stakeholders engaged in activities of the Component since Year 1 of the Program (MOH central and decentralized services, local administrations, regional development agencies, local government units, MHOs and their federations) will be continued, to further strengthen the institutionalization and sustainability of activities as well as compliance with family planning and environmental regulations.

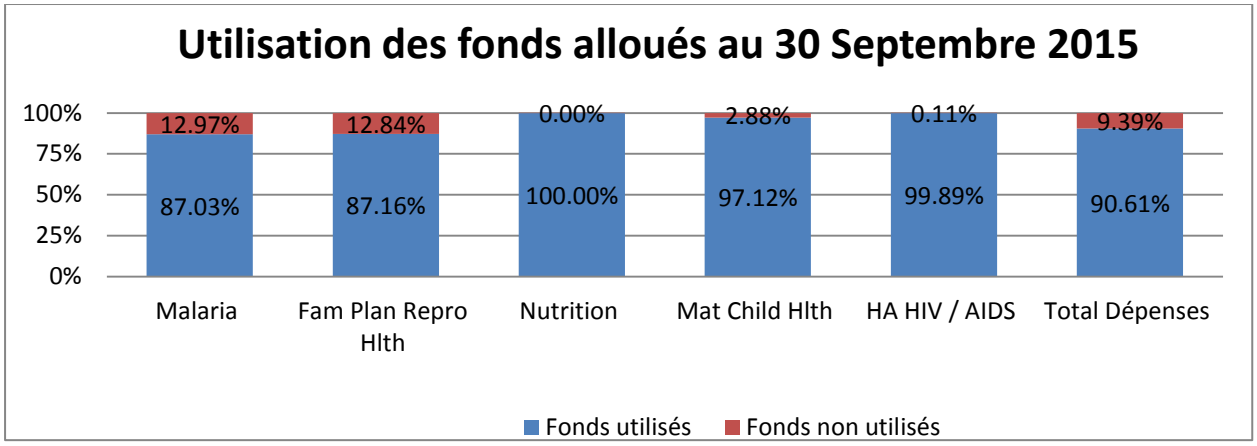
Based on these general guidelines, the following priorities defined by the USAID Health Team shepherded the development of the 2015-2016 action plan:

- Support for implementation of universal health coverage in general, and coordination and implementation in particular;
- Implementation of Performance-Based Financing (PBF) activities and coordination with the World Bank program;
- Supply chain management assistance (and MOU DSRSE/PNA);
- Proven results/impact in family planning, maternal health and child health interventions (advocacy);
- Implementation of direct financing activities;
- Coordination of activities of regional bureaus and integrated work plans;
- Support for reforms at the central level (legal framework and reorganization of the MOH);
- Reinforcement of the epidemiological surveillance system and the fight against epidemics including Ebola.

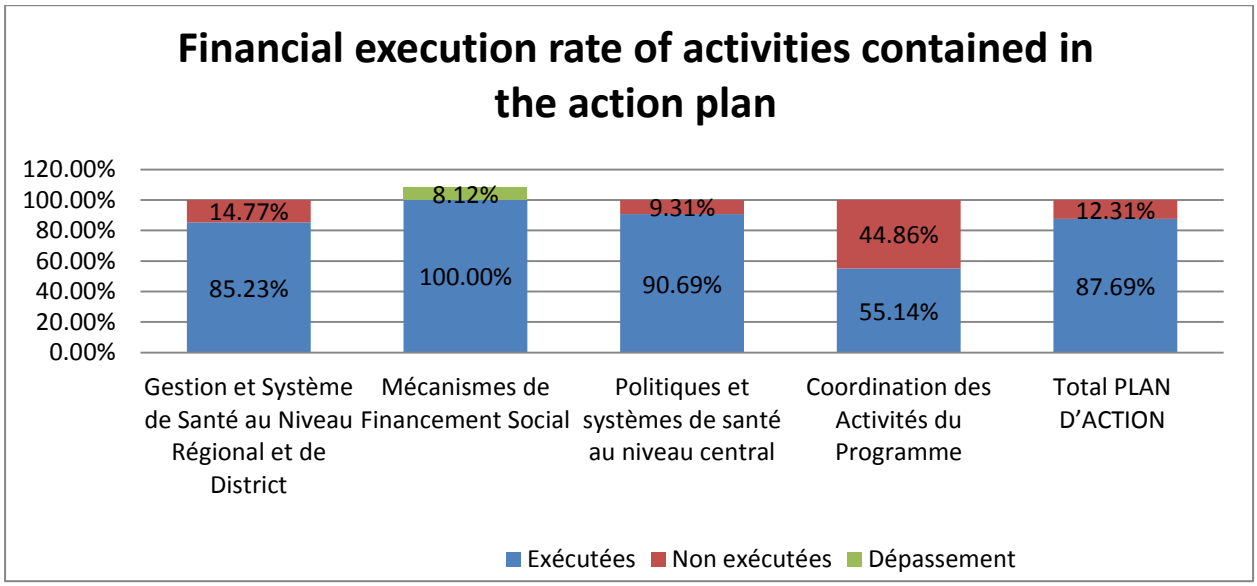
7 MANAGEMENT AND ADMINISTRATIVE ISSUES

In May 2015, USAID increased the Component's obligated funds from US$ 18,127,514.33 to US$ 22,227,514.33. This increase in the amount of US$ 4,100,000 is allocated as follows: Planning and reproductive health (US$ 2,321,000), Malaria (US$ 1,455,000) and Maternal and Child Health (US$ 324,000).

Total expenditures of the HSS Component at the end of September 2015 stood at US$ 20,139,927.25 out of a total budget of US$ 22,227,514.33 i.e. an overall execution rate of 90.61%. This is reflected across all financing sources with a spending rate of at least 87% for all.



The financial execution rate of the Health System Strengthening Component's action plan for Year 4 is 87.69%. This rate has increased by 12.08 points compared to the previous year. This increase is echoed in all activity areas, particularly the social financing mechanisms sub-component, which reached a financial execution rate of 108.12%. Financial execution rates of sub-components relating to management and health system, health policies and reform, and coordination of Program activities also increased significantly. This rate effectively increased by over 25 points in the last quarter for these three sub-components.



USAID conducted a financial review of the HSS Component to: (i) determine whether the beneficiary has adequate financial management systems for control and accounting of USAID funds, (ii) identify potential weaknesses and vulnerabilities in existing systems, and (iii) recommend improvements to achieve maximum effectiveness. This review was conducted from January 12 to 14, 2015. At the completion of this exercise, the mission expressed its satisfaction with the financial management and internal control systems established. A few recommendations were however made. An action plan to implement recommendations of this financial review was prepared and submitted to the team leader. The plan is monitored on a regular basis.

ATTACHMENT 1: PROGRESS ON THE ACTION PLAN/INDICATORS

TABLE 1: INDICATOR TABLE

#	Indicator	Disaggregated by	Fiscal year 2014	Fiscal year 2015					Performance 2015	Observations
				Target Fiscal year 2015	Status Q1	Status Q2	Status Q3	Status Q4		
1	Proportion of health districts where the functions of DMO and those of the chief medical officer at the health center are separated	Region	33 %	100 %	-	-	-	-	-	**This information is obtained through data on good governance indicators collected during Q4 of the year in question and transmitted between Q1 and Q2 of the following year.**
2	Proportion of Service Delivery Points (SDP) that have displayed the cost of medicines and services	District	73 %	95 %	-	-	-	-	-	**This information is obtained through data on good governance indicators collected during Q4 of the year in question and transmitted between Q1 and Q2 of the following year.**
3	Proportion of health districts with a technical execution rate of AWPs ≥ 80%	Region	**50.0%**	100 %	-	-	-	-	-	**This information is obtained during workshops on AWP monitoring and results are transmitted in Q2 of the following year at the earliest, therefore in 2016 for 2015 AWPs.**
4	Number of medical regions that have organized a high	Region	100 %	100 %	NA	30%	60%	-	- 40%	**Three regions received support from the Component in Q2 and three others in Q3. The remaining regions**

#	Indicator	Disaggregated by	Fiscal year 2014	Fiscal year 2015					Performance 2015	Observations
				Target Fiscal year 2015	Status Q1	Status Q2	Status Q3	Status Q4		
	quality JPR									**received support from other partners.**
5	Proportion of verification reports received by CRGs	Region	100%	100%	100%	100%	100%	100%	-	***Reports were received for verifications conducted.***
6A	Number of reimbursement requests received by the national PBF program (BAP)	District	100%	100%	100%	93%	100%	100%	-	***All beneficiaries submitted their payment requests, albeit with some delay in certain cases.***
6B	Proportion of payment requests submitted to the Component	-	100%	100%	0%	100%	0%	100%	-	***The submission of payment requests to the Component is limited to 2014 bonuses. The PFSN project will receive payment requests as of 2015.***
6C	Number of payments received by beneficiaries that have signed PBF contracts	-	306	460	0	221	258	479	+ 57%	**Payments relate to 2014; 123 beneficiaries signed in comparison to the 115 expected. In 2013, only 38 had signed for the first half of the year and the 77 others signed in July.**

#	Indicator	Disaggregated by	Fiscal year 2014	Fiscal year 2015					Performance 2015	Observations
				Target Fiscal year 2015	Status Q1	Status Q2	Status Q3	Status Q4		
7	Number of health districts involved in performance-based financing	-	7	16	7	7	7	16	+ 9	**Contracts were signed in Q4 for 9 health districts in the four extension regions.**
8	Number of MHOs that received public subsidies following the establishment of mechanisms by the government	Region	77	100	162	162	162	165	+ 88	**More resources were mobilized this year with the establishment of the UHC agency. Three additional MHOs received subsidies (2 in Louga and 1 in Kaolack) as well as the 162 initially planned.**
9	Number of beneficiaries covered by community-based MHOs	Region	299 457	510 000	338 531	414129	509422	566551	+ 89%	**All local governments within the ten demonstration departments have at least one functional MHO. The annual target has been exceeded but only 316,355 beneficiaries are up-to-date with their premium payments, i.e. 56% including family welfare grant recipients whose payments are yet to be received by MHOs.**

#	Indicator	Disaggregated by	Fiscal year 2014	Fiscal year 2015					Performance 2015	Observations
				Target Fiscal year 2015	Status Q1	Status Q2	Status Q3	Status Q4		
10	Number of vulnerable persons covered through MHOs with the support of a third-party payer	Region	7 908	51 000	56 416	91278	128814	150210	+18 times	**The enrolment of family welfare grant recipients explains this significant increase. They represent 88% of vulnerable persons covered.**
	Number of policy papers approved and regulatory acts adopted for implementation of policy initiatives developed by the EIPS	-	2	≥ 1	1	0	0	2	-	**PNA strategic plan and Order on the establishment of the steering committee on budget allocation criteria (n°018868 of September 22, 2015).**
12	Health sector budget as a percentage of the national budget	-		15.0%	-	-	-	-	-	**Despite contacts at the MOH, DCEF and the Economic Policy Coordination and Monitoring Unit, this information is yet to be obtained. There seems to be a controversy on the calculation method.**

#	Indicator	Disaggregated by	Fiscal year 2014	Fiscal year 2015					Performance 2015	Observations
				Target Fiscal year 2015	Status Q1	Status Q2	Status Q3	Status Q4		
13	Deadline for production of the performance report of the health sector MTEF for year n-1 is met (May)		Yes	Yes	NA	NA	Yes	Yes	Unchanged	**The preliminary report was produced in March**
14	Amount allocated (in CFA francs) to districts and medical regions by Program components through the direct financing mechanism		999990715	1000000000 CFA F	0 frs	230602978 CFA F	**365616633 CFA F**	**546221316 CFA F**		**Contracts were signed in January 2015 and should cover the entire year. Payment for one quarter is hence outstanding and Q2 for the Ziguinchor region which had not yet sent its request.**
15	Amount allocated (in CFA francs) to districts, medical regions and EPS' by Program components through the PBF mechanism for the payment of bonuses		97034051 CFA F	320000000 CFA F	0 frs	34 881 224 CFA F	216843871 CFA F	216843871 CFA F	123%	**The bonus amount was more than doubled with the increase in performance levels and in the number of beneficiaries which rose from 38 in 2013 to 123 in 2014. The execution rate is 68%.**

#	Indicator	Disaggregated by	Fiscal year 2014	Fiscal year 2015					Performance 2015	Observations
				Target Fiscal year 2015	Status Q1	Status Q2	Status Q3	Status Q4		
16	Proportion of progress reports of the Component prepared within the required time-limit	-	100%	100%	0%	100%	100%	75%	-25%	**The annual report for Year 3 and the fourth quarterly report were submitted to USAID on November 20, 2014. The first quarterly report for 2015 was submitted on February 3, 2015, the second quarterly report on May 7, 2015 and the third quarterly report on August 7, 2015.**

TABLE 2: DISTRIBUTION OF MHOs AND BENEFICIARIES PER REGION AND STATUS

Indicator	THIES	LOUGA	DAKAR	DIOURBEL	KOLDA	ZIGUINCHOR	SEDHIOU	KAOLACK	KAFFRINE	FATICK	AGGREGATE
Total number of functional MHOs	64	25	22	48	27	14	15	23	14	19	271
Total number of beneficiaries	95176	48908	30708	45968	44408	18070	17374	70893	23460	21376	416341
Total number of beneficiaries up to date with their payments	42169	21475	18845	21871	7476	9279	4508	15669	15261	9592	166145
Number of vulnerable persons covered	864	0	7022	1145	41	4000	0	2220	624	1940	17856
Number of MHOs that received partial subsidies from the Government	21	21	16	36	27	6	-	20	6	11	164
Number of MHOs that received targeted subsidies from the Government				12	-	-	-	8	5	9	34
Number of family welfare grant recipients enrolled		2198	4195	17301	24839	-	11495	**34520**	**16412**	**21394**	**132354**

Table 3: Coverage of maternal and child health interventions
Performances in 2014 of health posts and health centers participating in performance-based financing per health district
(117 health posts and 6 health centers in the Kaffrine and Kolda regions)

Health District	Number of children under one year of age fully vaccinated			Number of children 0-24 months who have been weighed 3 times during the quarter		
	Performance in 2013	Performance in 2014	2014 Target	Performance in 2013	Performance in 2014	2014 Target
Kolda health district	74.6	80.6	86.6	26.8	38.6	57.6
MYF health district	81.3	110.8	91.6	18.4	48.8	50.5
Velingara health district	65.3	79.0	83.1	31.4	39.7	45.6
Birkilane health district	83.5	109.1	90.4	38.8	52.1	67.9
Kaffrine health district	75.4	87.4	87.3	28.6	29.5	54.9
Koungheul health district	73.4	108.8	85.3	9.3	48.1	42.7
Malem Hoddar health district	62.5	85.1	79.3	33.2	44.8	60.7

Health District	Number of children aged between 6 and 59 months that have received vitamin A supplements		
	Performance in 2013	Performance in 2014	2014 Target
Kolda health district	16.7	24.2	36.8
MYF health district	9.6	40.2	29.6
Velingara health district	3.1	25.6	32.1
Birkilane health district	61.9	101.5	73.4
Kaffrine health district	49.6	93.2	66.1
Koungheul health district	29.6	64.6	49.8
Malem Hoddar health district	45.5	60.8	60.0

Health District	Pregnant women that have effectively attended 4 PNC			Number of skilled attendance at birth		
	Performance in 2013	Performance in 2014	2014 Target	Performance in 2013	Performance in 2014	2014 Target
Kolda health district	10.1	15.8	30.6	34.0	42.2	53.2
MYF health district	4.8	6.5	24.9	20.7	26.7	40.3
Velingara health district	9.6	14.6	30.4	30.9	38.4	50.1

Birkilane health district	10.8	22.1	30.7	54.2	78.2	67.6
Kaffrine health district	3.4	12.1	24.0	40.1	50.5	57.9
Koungheul health district	8.8	17.3	29.9	41.1	70.0	58.7
Malem Hoddar health district	5.8	9.2	27.4	35.8	57.4	54.0
Health District	**Number of new users of family planning services**			**Number of pregnant seropositive women under ARV treatment (HC only)**		
	Performance in 2013	Performance in 2014	2014 Target	Performance in 2013	Performance in 2014	2014 Target
Kolda health district	11.3	13.5	16.7	7.0	100.0	100.0
MYF health district	6.0	9.3	11.1	100.0	50.0	100.0
Velingara health district	8.4	9.9	13.4	100.0	66.7	100.0
Birkilane health district	6.9	10.8	11.9	100.0	100.0	100.0
Kaffrine health district	5.5	8.5	10.4			
Koungheul health district	8.8	11.3	13.7	100.0	100.0	100.0
Malem Hoddar health district	4.6	8.3	9.5	50.0	100.0	100.0
Health District	**Number of children aged less than 5 years who have been properly treated for uncomplicated malaria (HP only)**			**Number of children aged 0 to 5 years suffering from severe acute malnutrition (without other complications) who have been correctly treated (HP only)**		
	Performance in 2013	Performance in 2014	2014 Target	Performance in 2013	Performance in 2014	2014 Target
Kolda health district	100.0	97.5	100.0	26.0	81.4	100.0
MYF health district	96.7	100.0	100.0	62.9	94.2	100.0
Velingara health district	32.6	99.0	100.0	37.8	95.8	100.0
Birkilane health district	16.7	91.8	100.0	72.8	81.6	99.9
Kaffrine health district	93.7	98.0	100.0	88.8	93.1	93.8
Koungheul health district	79.3	91.6	100.0	45.6	84.7	100.0
Malem Hoddar health district	87.5	98.8	100.0	45.1	83.0	100.0

Coverage estimates are based on 2014 data of PNFBR processed and cleaned up by CRDH: Non-weighted coverage rate average.

ATTACHMENT 2: FINANCIAL REPORT OF THE COMPONENT'S ACTION PLAN

TABLE I: BUDGET EXECUTION PER SUB-COMPONENT

Annual action plan of the Health System Strengthening Component		Cumulative total during fiscal year from Oct 2014 to Sept 2015	Balance for current FY	% of annual budget spent
Line of action	**BUDGET CFA F**			
Sub-Component A: Management and health system at regional and district levels				
Stakeholders at medical regions and health districts are trained on governance and leadership in ten (10) regions	27 000 000	2 254 700	24 745 300	8.35%
Consultation frameworks (Health-TFP-Local government unit and other health sector stakeholders) are functional in ten (10) regions	2 000 000	443 666	1 556 334	22.18%
Support provided to ten (10) medical regions for the development of AWPs	27 950 000	15 066 666	12 883 334	53.91%
Annual joint portfolio reviews are held in all focus regions	15 100 000	8 280 611	6 819 389	54.84%
Four refresher training workshops on administrative and financial management for RHMTs and DHMTs	10 664 700	9 669 900	994 800	90.67%
Annual financial reports are prepared by the medical region and districts in 10 regions	3 000 000	212 700	2 787 300	7.09%
DF implementation letters signed with six (6) regions	1 025 600 000	629 815 320	395 784 680	61.41%

Technical support to WB project	-	3 830 973	(3 830 973)	
PBF extension strategy is adopted by the MOH	15 232 000	9 460 145	5 771 855	62.11%
PBF mechanisms are implemented in at least sixteen (16) health districts with contributions from financing sources other than USAID	100 945 000	133 301 540	(32 356 540)	132.05%
Payments owing to PBF project beneficiaries are made on time	-	233 809 810	(233 809 810)	
TOTAL SUB-COMPONENT A: Management and health system at regional and district levels	**1 227 491 700**	**1 046 146 031**	**181 345 669**	**85.23%**
Sub-Component B: Social financing mechanisms				
An institutional framework for support to social insurance bodies adapted to the UEMOA regulation is set up	26 180 000	22 279 416	3 900 584	85.10%
CAPSU/FNSS is functional	1 000 000	-	1 000 000	0.00%
Approximately one hundred (100) MHOs at least receive subsidies for the expansion of their benefits packages through the national solidarity fund for healthcare/equivalent subsidization system	3 000 000	518 100	2 481 900	17.27%
MHOs are operational in all local government units in ten (10) focus departments	82 500 000	104 520 464	(22 020 464)	126.69%
A risk-pooling mechanism is developed to share large risks and ensure professional management of MHOs in each of the ten (10) focus departments	14 400 000	12 473 950	1 926 050	86.62%

Partnerships between MHOs and micro-finance institutions in focus departments are established during the course of this year and subsequent years	3 000 000	-	3 000 000	0.00%
MHOs and MHO networks in the entire intervention zone of the Component are functional	15 000 000	29 931 935	(14 931 935)	199.55%
PLWHA support project is extended to four (4) regions	21 000 000	10 365 921	10 634 079	49.36%
Health insurance, through MHOs, is effectively provided to vulnerable groups in at least fifty (50) MHOs	25 950 000	27 533 470	(1 583 470)	106.10%
TOTAL SUB-COMPONENT B: Social financing mechanisms	**192 030 000**	**207 623 256**	**(15 593 256)**	**108.12%**
Sub-component C: National level health policies and systems				
At least one (1) policy initiative in the maternal and newborn health, FP, child health, malaria, HIV/AIDS and tuberculosis areas is supported	23 000 000	7 252 500	15 747 500	31.53%
At least one (1) policy initiative for health system strengthening is supported	62 500 000	45 859 966	16 640 034	73.38%
The strategic development plan of the PNA is supported	10 000 000	31 073 807	(21 073 807)	310.74%
FP advocacy is extended to the national and regional levels	7 500 000	17 453 360	(9 953 360)	232.71%
2016_ 2018 DPPD prepared on schedule	32 100 000	21 323 800	10 776 200	66.43%
The 2014 DPPD performance report is delivered within the required time-limit	16 400 000	14 075 600	2 324 400	85.83%
The 2016 draft budget based on allocation criteria defined by DAGE/MOH is prepared	14 500 000	11 235 700	3 264 300	77.49%
The annual financial report of DAGE is prepared within the required time-limit	14 000 000	14 958 335	(958 335)	106.85%

TOTAL SUB-COMPONENT C: National level health policies and systems	**180 000 000**	**163 233 068**	**16 766 932**	**90.69%**
Activity area D: Coordination				
The Health Program's Steering Committee meetings are held as scheduled	1 250 000	1 175 950	74 050	94.08%
Four technical group reports are prepared and validated	735 000	-	735 000	0.00%
At least two inter-agency technical group reports are effectively applied by USAID implementing agencies	5 940 000	2 090 008	3 849 992	35.19%
Health Program's integrated action plan developed.	2 000 000	1 972 450	27 550	98.62%
Action plan of the Component is developed and monitored	13 748 000	14 349 865	(601 865)	104.38%
Periodic reports are prepared (quarterly reports and annual report)	6 500 000	4 429 573	2 070 427	68.15%
Four (4) success stories are produced	13 827 000	242 200	13 584 800	1.75%
TOTAL ACTIVITY AREA D: COORDINATION	**44 000 000**	**24 260 046**	**19 739 954**	**55.14%**
Total action plan	**1 643 521 700**	**1 441 262 401**	**202 259 299**	**87.69%**

TABLE 2: BUDGET EXECUTION PER FUNDING SOURCE					
Line of action	**BUDGET in $**	**Expended funds in $**	**Unexpended funds in $**	**Expended funds in $**	**Unexpended funds in $**
Malaria	5 860 000	5 100 211	759 789	87.03%	12.97%
Fam Plan Repro Hlth	9 306 266	8 111 060	1 195 206	87.16%	12.84%
Nutrition	2 286 652	2 286 633	20	100.00%	0.00%
Mat Child Hlth	4 592 108	4 459 737	132 371	97.12%	2.88%
HA HIV / AIDS	182 488	182 287	201	99.89%	0.11%
Total expenditures	22 227 514	20 139 927	2 087 587	90.61%	9.39%